THE DENTAL DIGEST

JULY 1914
VOL. XX NO. 7
EDITED BY
GEORGE WOOD CLAPP, D.D.S.
PUBLISHED BY
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THE DENTAL DIGEST

GEORGE WOOD CLAPP, D.D.S., Editor

Published monthly by The Dentists' Supply Company, Candler Bldg., Times Square, 220 West 42d Street, New York, U. S. A., to whom all communications relative to subscriptions, advertising, etc., should be addressed.

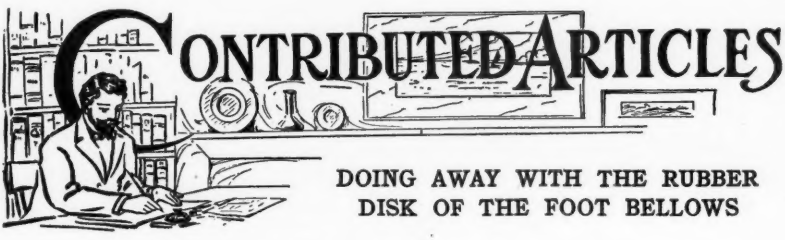
Subscription price, including postage, $1.00 per year to all parts of the United States, Philippines, Guam, Cuba, Porto Rico, Mexico and Hawaiian Islands. To Canada, $1.40. To all other countries, $1.75.

Articles intended for publication and correspondence regarding the same should be addressed EDITOR DENTAL DIGEST, Candler Bldg., Times Square, 220 West 42d Street, New York, N. Y.

The editor and publishers are not responsible for the views of authors expressed in these pages.

Entered as second-class matter at New York, January 29, 1909, under the Act of March 3, 1879.

Vol. XX **JULY, 1914** **No. 7**



DOING AWAY WITH THE RUBBER DISK OF THE FOOT BELLOWS

BY W. C. DALBEY, D.D.S., DU QUOIN, ILL.

It has been five years since I did away with the rubber disk of my foot bellows. And I want to tell you in this article how I did it.

I hope no country dentist has ever had the trying experiences with his foot bellows that I have had. If he has, my heart goes out to him in deepest sympathy.

The rubber disk has always been more or less a menace to every country dentist, so far as I have heard, because of its continually deteriorating qualities, high cost, and time consumed in obtaining another. But, especially, I have in mind the difficulties arising when suddenly it gives out, bursting beyond all hope of repair. Mine gave me more or less trouble until one day I tore it from the bellows, stamped upon it, kicked it out and forever excommunicated it. It was when I was about to cast a large gold inlay that it brought me to this last degree of endurance. The patient needed the work, and I needed the money. But what was I to do? It would take four or five days to send to the city for a new rubber disk. After trying time and time again in a vain

effort to stretch the broken disk sufficiently to retie it upon the bellows, I went back somewhat disconcerted to my waiting patient. I said to him: "Return at two o'clock and I will have your inlay ready for you." I said this unthinkingly. After he had left, it came to me very forcibly that I had spoken hastily. But the patient was gone and I must make good.

The first thing I did was to sit down one hour to think. I then went to the tin shop and bought a half gallon tin pail. I cut it around about two inches above the bottom and had the tinner turn a flange about a quarter of an inch wide upon the cut edge of this half pail (see illustration No. 1). Next I cut a rubber gasket ring a little larger than this turned rim just referred to. I tacked this tin receptacle in the place that was formerly occupied by the rubber disk, putting the gasket between the tin flange and the wood of the bellows, after smearing a little tar paint over both sides of the gasket to insure its being perfectly air-tight; and then I tacked it thoroughly, tacks being placed about one-

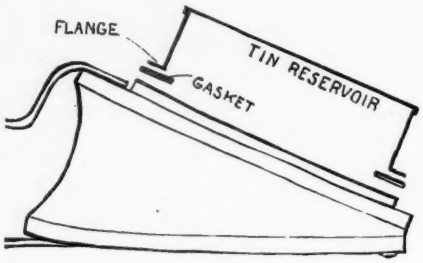


Fig. 1.

fourth of an inch apart. This gave me the air-tight tin reservoir not quite the capacity of the rubber disk when extended, and took me about an hour.

To my great satisfaction I had my patient's inlay ready on time.

This scheme was not, however, perfect. But I knew I was on the right track. It did not give me as steady a stream of air as I desired, but after experimenting quite a little I settled down to the following, and I am using it to-day, and have used it for five years with most satisfactory results.

I got a ten-gallon lard can, soldered the lid on thoroughly; in the lid I soldered a short brass tube to receive the small rubber hose which was to extend to the air tube of the blow-pipe. And near the bottom of the can I soldered another brass tube which was to receive the rubber hose from the foot bellows. This can gives me a large reservoir of air.

And when pumping the foot bellows it gives me a pressure upon the can which is abundant for all purposes. I find this scheme calls for less pumping and gives a much steadier stream of air than the ordinary foot bellows could possibly give.

Illustration No. 2 shows the ten-gallon can upon a base with the foot bellows beneath, but the bellows and can do not necessarily have to be thus arranged. The tank may be beneath the bench or high up on a shelf on the wall, or placed anywhere that is most convenient and out of the way. A, in this illustration, shows the small tin reservoir in place of the rubber disk, and B the short rubber tube from the bellows

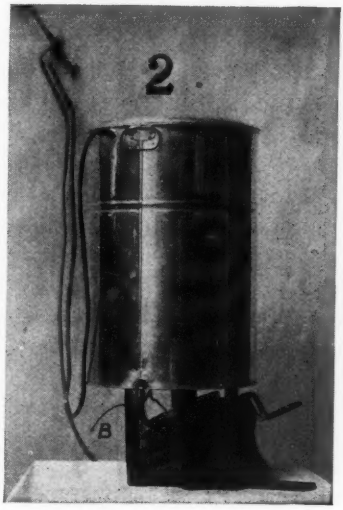


Fig. 2. The tank can be kept under the bench.

to the big tank. As I have it now arranged the bellows and large tank are several feet apart.

This entire change has cost me less than the price of one rubber disk, and it works so beautifully that the writer feels that he is a real benefactor in passing it on to the profession.

The next country dentist, who has trouble with his rubber disk, I would advise to make this change in his bellows as I have suggested and I am sure that he will never return to the unsatisfactory rubber disk.

207 Main Street.

PUBLIC SCHOOL DENTAL CLINICS A POSSIBILITY IN EACH COMMUNITY; A PRACTICAL PLAN OF SECURING AND MAINTAINING THEM *

By W. G. Ebersole, M.D., D.D.S., Cleveland, Ohio,
Secretary-Treasurer of the National Mouth Hygiene Association.

In presenting this paper for the consideration of the general public I wish to acknowledge the aid and support given by the Board of Governors of the National Mouth Hygiene Association, and particularly that of Dr. T. W. McFadden, of Wilkinsburg, Pa., who has been conducting a series of experiments as to the efficiency of the proposed plan for raising funds from the sale and distribution of tooth toilet articles. The work done by Dr. T. W. McFadden and the results obtained have been simply marvelous.—Author.

Ladies and Gentlemen: I have the honor upon this occasion of representing the National Mouth Hygiene Association, which was formed for the purpose of permitting all people who are interested in this important subject to co-operate in the interest of humanity.

While it is the purpose of the organization to deal with the problem as a whole, we have found it necessary to divide the work into a number of divisions, placing each under a department of its own.

One of the most important divisions of the work is that which deals with the establishment of dental clinics, hospitals or dentariums, where proper care and treatment may be afforded those who are unable to care for themselves; providing not only dental service but furnishing tooth toilet articles which will enable the poor to take care of the "gateway" to the human system in a manner which will permit of the highest development from a physical standpoint.

After years of experimentation and investigation we have evolved a practical plan for the establishment and maintenance of school dental clinics in the various communities throughout the United States.

It is the purpose of the National Mouth Hygiene Association to not only establish dental clinics for the care and treatment of the worthy poor, but to raise an endowment fund sufficient to guarantee the successful operation of these clinics indefinitely.

The National Mouth Hygiene Association's campaign embraces all that is good in the great campaigns which have dotted this country with beautiful Y. M. C. A. buildings; and also all that is good in the great money raising campaigns that have made it possible to build hospitals, establish dispensaries and erect many of the great philanthropic institutions that flourish in every part of the universe.

In addition, it embraces a feature which, if employed alone, would

* Delivered before the Fourth International Congress on School Hygiene, Buffalo, N. Y., August 27, 1913.

result in the successful raising of funds to meet the work we are undertaking.

Our campaigns are waged in the interest of the school child and, therefore, the school child is the hub of the campaign.

The National Mouth Hygiene Association stands for the removal of the shackles that are binding the school children down to sin, sickness and death by forcing them into schools where they are surrounded by conditions which, if we accept the statement of the Michigan State Board of Health, is destroying 27.6 per cent. of the public school teachers, who preside over these children, from tuberculosis, which is only one of the many diseases that are destroying thousands of lives annually.

The Association is not interested alone in the school child but in the teaching profession as well, and it does not stop there. It is interested in the health, strength and working efficiency of every individual.

The work of the Association is educational, and it employs the four greatest educational institutions—the Public School, the Public Press, the Public Platform and the Motion Picture. The greatest of these is the Public School, and it is through the school child that we hope to accomplish most.

It is for this purpose that the Association has undertaken to establish dental clinics in the schools of the country.

The National body is not interested in the dental clinic except as an educational feature. The local auxiliary on the other hand is interested in both the educational feature and in the benefit that it will do the community.

The clinic cares for the indigent, dealing with the few. The National Mouth Hygiene movement must deal with all the people, the rich, the poor, and those of the middle class. All walks of life need Mouth Hygiene instruction.

Working in the interest of the school child, we work through the school children, and a message is carried to every individual in the city and through them an invitation is extended to the individual to become a part of the great movement which has for its purpose the production of healthier and stronger American citizens.

The first move necessary to secure the co-operation of the National Mouth Hygiene Association in your local work is the formation of a local auxiliary to that body in your community.

In accomplishing this end the interested party will find in the early stages that the people most willing to co-operate will be the dentists, physicians and school teachers, and it is from these professions that the foundations must be secured for a successful local auxiliary.

Following the organization of the local auxiliary an application must be filed with the Secretary-Treasurer of the National body, requesting the installation of a publicity campaign in the community in which such auxiliary was formed. Applications will be filed and acted upon in the order received.

When the Association is ready to operate in any given community the preliminary publicity work will be directed by one of the officers of the National Mouth Hygiene Association, who will visit the city where the campaign is to be conducted in advance of the field Secretary, and it will be his purpose to arouse public interest through the newspapers, from the public platform, and in other educational ways.

That some definite idea may be had as to the manner in which the public interest may be aroused, this official will cause bacterial tests to be made in public places, such as school buildings, street cars, theatres, etc.

He will also make tests in the mouths of the school children, sterilizing mouths and then employing gauze masks, transferring the children and then exposing them in the various public places for the purpose of showing how quickly the sterile mouth may become infected and the various kinds of bacteria that will be found in these mouths after a few minutes exposure in public places.

Following this will be a period in which the Association employs newspaper publicity.

At this time the Association will send into the field a professional organizer, whose business it will be to raise the money to secure a clinic and endow it for an indefinite period of time.

The preliminary work that this organizer must do is to secure the support and co-operation of the health and educational authorities in the community. The co-operation and support of all municipal and civic organizations must be secured.

Following this the teaching profession of the community must be organized and their support and co-operation obtained.

When this has been done we are ready to start with the financial campaign. This will cover a period of a week of active work.

It is utterly impossible for me to go into full details relative to the organizing and conducting of such a campaign. Let me say, however, that in addition to the solicitation of large contributions the local auxiliary, which has the work in charge, will endeavor to raise a large percentage of this money by waging the strongest kind of a campaign for membership; the dues to be turned into the general fund.

The membership in the local auxiliary is composed of two classes—"contributing members" and "working members." The first class is

composed of those members who make contributions of $1 or more. The second class is composed of those who are not able to make financial contribution but are willing to devote a definite amount of time to the work of the Association in carrying out its plans and policies in the community.

To the latter class belongs the school child in whose interest the campaign is conducted.

Working in the interest of the school child of the community the plan embraces, in so far as practical, the employment of the school children as workers in the field.

The younger children will be used in the distribution of a booklet and other educational matter, making a strong appeal for support of the movement.

The booklet used will be entitled the " Cry of the Shackled Child, a Plea to Aid Mentally Crippled School Children, whose proper development is held back by bad teeth and unhealthy mouths."

This booklet will contain a strong appeal that cannot fail to reach the heart and create a deep interest in the success of the work undertaken.

For the purpose of giving you some idea of the contents of a booklet of this kind I quote the following extract, which is taken from the inside of the front cover:

> " This booklet has been placed in your hands by a school child. In justice to your juvenile friends and relatives, the least you can do is to read it.
>
> " Educators, clergymen, civic workers, city officials and all other public-spirited citizens have approved the movement it promotes.
>
> " At any rate, it will present some facts to you that will surprise you and taken only a few minutes of your time in reading it.
>
> " In a few days you will be called upon to aid this great work by becoming a member of the National Mouth Hygiene Association's local auxiliary. You can help materially by giving the young solicitor courteous attention. If you cannot see your way clear to join the children, at least do not dishearten the child who calls upon you by an abrupt or harsh rebuff. He is working for humanity and certainly deserves encouragement."

This booklet explains fully the purpose of the campaign and the need of co-operation.

A day or two following the distribution of these booklets an older child calls soliciting membership in the local auxiliary, collecting the

fee of $1 and issuing a membership card which in addition to calling for educational literature contains a coupon which, when presented at any drug store in the city, entitles the bearer to a full "dollar's worth of tooth toilet articles."

The booklet which has been distributed explains to the individual, whom the child solicits, that the National Mouth Hygiene Association has placed in operation a plan which makes it possible for its local auxiliaries, that are conducting campaigns, to buy and place in the hands of their members packages of the highest grade of tooth toilet articles, which ordinarily retail for $1, and by the transaction be able to set aside 50 per cent. of the membership fees for the endowment and maintenance of dental clinics.

These membership packages contain four large tubes or boxes of tooth paste or powder, such as ordinarily retail at 25 cents per tube or box.

These "four tube" or "four box" packages are supplied to local auxiliaries in a manner which enables them to place same in the hands of the druggist at a cost of about 40 cents per package. The druggist is allowed 10 cents per package for reclaiming the membership coupons. This makes the "$1 membership package," delivered to the member, cost the local auxiliary 50 cents.

The new member for the $1 paid receives a full membership in the local auxiliary and a "$1's worth of tooth toilet articles"; and by the transaction places in the hands of the local auxiliary the profit which otherwise goes to the manufacturer of tooth toilet articles. In this case the profit amounts to 50 cents on the $1 and is retained in the community and devoted to endowing and maintaining school clinics.

The National Association has also arranged a plan whereby the same tooth toilet articles may be supplied through the regular commercial channels on a basis which will enable the community to reap the benefit of the profit from such sales.

This is done by the placing in the carton of each 25-cent package a metal disc, which, when collected by the local auxiliary, entitles that organization to collect 5 cents for each disc to be used in its local work, or in maintaining dental clinics.

The difference between the profit accruing to the auxiliary from the "$1 membership package" and the four "25-cent packages" sold through regular trade represents the difference between supplying large quantities to the local auxiliaries at cost and the commercial and overhead charges in handling these goods through the regular commercial channels.

This is a co-operative method which permits the people in a com-

munity to turn the profit that now goes to the tooth toilet manufacturers of the country into a local fund for the purpose of not only establishing school dental clinics and other clinics, but supplying tooth toilet articles to the poor of the community. Such a plan would enable these individuals to have at their command methods and means to care for themselves in a manner which would permit them to reap the benefits of healthy mouth conditions and thus remove the possibility of their becoming a public menace through neglect or inability to care for the mouth properly.

In order to give some idea of the tremendous profit that accrues from the manufacture and sale of these articles, I wish to say that some of the leading manufacturers have been and are paying as much as from five to seven thousand dollars an issue for the back cover page of some of the most popular magazines.

I can readily understand that immediately within the mind of the skeptic or doubter there arises the question of graft or the attempt to advertise some tooth toilet article; but I wish to announce to the world at large that the plan has been drawn and safeguarded in such a manner as to make it absolutely impossible for any one associated with the National Mouth Hygiene Association or any of its auxiliaries to receive one penny of profit or graft from the transaction.

I wish also to state in the most emphatic terms that no manufacturer of tooth toilet articles is directly or indirectly interested in the promotion of this plan.

There are four things which have led to the adoption of the plan herein suggested:

First: The need of funds to carry on the work of the Association in the various communities.

Second: The success attained in raising funds for Y. M. C. A. buildings, hospitals, dispensaries, etc.

Third: The popularity and success attained in raising funds through the sale of Red Cross Stamps.

Fourth: The fact that the National Mouth Hygiene Association's campaign is unique in that every effort put forth to educate the public as to the importance of Mouth Hygiene creates a demand for tooth toilet articles.

In adopting the plan for supplying tooth toilet articles as herein outlined, the Association has combined the raising of funds and the supplying of a need; and it is believed that this feature will become as popular and more effective than the Red Cross Stamp feature of the Anti-Tuberculosis League.

In conclusion let me say that the whole success of the plans and policies mentioned herein depends both upon the employment of thoroughly competent experts in the different lines of work and upon the presentation of the matter in a way which will convince the public that this is absolutely a philanthropic and economic proposition.

The National Mouth Hygiene Association has undertaken to do this work in the interest of humanity and it guarantees that every step taken and every act committed will bear the most rigid inspection and investigation; for upon the honesty of purpose and purity of action must rest not only the success of the scheme but the good name of the Association and those associated with it.

Schofield Building.

VALIDITY OF CONTRACT NOT TO RE-ENGAGE IN PRACTICE

By A. L. H. Street, St. Paul, Minn.

This is the first of a series of short articles in legal considerations affecting dental practice. It is expected to publish an article each month for the balance of this year.—Editor.

First Paper.

May a dentist, in selling his business, legally bind himself by agreement not to re-engage in the practice?—is a question of practical interest to the profession, since it is to the interest of every purchaser of an established business to insist on such a provision being incorporated in the contract of sale.

The question may be answered unqualifiedly in the affirmative, if the agreement merely binds the selling practitioner to refrain from following his profession in the city or town where the practice is established, for a certain number of years not exceeding five. On the other hand, it can be unqualifiedly said that the agreement is legally unenforceable if it prohibits him from engaging in the practice anywhere at any time. This leaves for consideration cases where the agreement is unlimited as to the time during which, or the territory in which, the seller is to be barred from practising. On this phase, it is usually held by the courts that an agreement reasonably limited as to territory though unlimited as to time, will be sustained as valid; but that if there is no restriction as to territory the contract is void, no matter how limited as to time.

The reasons upon which these principles are based by the courts appear as follows: On the theory that "competition is the life of

trade," and that the public is entitled to the benefits of every man's activity in his chosen occupation, the law regards it as against public policy that any one be permitted to barter away his right to engage in any legitimate line of business, and especially in such useful pursuits as the professions. Monopolies are created in the proportion that competition is prevented or discouraged. Accordingly, it was formerly held by the courts that all contracts limiting one's right to freely engage in business were void. But this rigid rule was gradually relaxed on consideration of the fact that one's right to sell his business or practice should be no more hampered than his right to dispose of his land or his chattels; and that, in order to make a sale in the most advantageous way, he is entitled to preclude himself from entering into competition with his purchaser. It has, therefore, become a fixed policy of the law to uphold contracts by the seller of a business not to re-engage in it just so far as is reasonably necessary to protect the rights of the buyer, without unnecessarily restricting the activities of the seller.

The rule is thus stated by the Tennessee Supreme Court in a case which arose in the dental profession, and which is referred to here: "The general rule on this subject, deducible from the authorities, is that a contract in general restraint of trade, that is, not to engage in one's trade or profession at any place in the realm, is void as being contrary to public policy; but a contract not to engage in one's business or profession at a particular place, or for a period of time, is not invalid." But it has been lately held by the New York courts that an agreement by a seller of a business not to re-engage therein for a specified time within specified territory will not be enforced unless the restrictions are limited both as to time and territory, and it is necessary to uphold the contract in order that the buyer of a growing business, acquiring the good will for a sufficient consideration, may obtain the benefits of his purchase. (New York Supreme Court, Erie County Equity Term, Fries vs. Parr, 139 New York Supplement 220.)

Applying the principles above stated, the Connecticut Supreme Court of Errors has sustained the validity of a contract by the seller of a dental business not to re-engage in the practice "within a radius of ten miles of Litchfield." The court said: "The mere fact that the duration of the restriction of time is indefinite or perpetual will not of itself avoid the contract, if it is limited as to place, and is reasonable and proper in all other respects." Among other states in which the courts have upheld agreements unlimited as to time against pursuit of an occupation in a certain city, town or county, or at any place interfering with the business sold, are Alabama, Arkansas, Georgia, Illinois, Iowa, Louisiana, Kentucky, Maryland, Massachusetts, Michigan, Mis-

souri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania and Rhode Island. But in England an agreement not to practise dentistry in any part of a district over one hundred miles in diameter has been adjudged void, and the same holding would undoubtedly be reached in any one of our states.

It was held by the Massachusetts Supreme Judicial Court in the case of Foss vs. Roby, 81 Northwestern Reporter 199, that where a member of a dental partnership has sold his interest in the good will of the business, though without expressly agreeing to refrain from competition, it is implied that thereafter he will so practise his profession as not to injure or destroy the business sold, and that where he resumes practice in the same city and sends out circulars to former patients giving the name of the old firm, with the street address, and announces that, having opened an office, he solicits their custom, he breaks his implied contract to refrain from competition. In such a case the court holds that he may be enjoined from practising dentistry within the limits of the city, though it appears that the practice inincluded patients from other cities and towns. It was, also, decided that where a dentist breaks his obligations not to re-engage in business at a certain place, and solicits patronage there, the complaining competitor is entitled to an award of damages for injuries sustained, as well as to an injunction against further breaches. In this connection it is to be noted that there is judicial authority for stating that a single invasion of prohibited territory amounts to a breach; it not being necessary to show that the dentist who breaks his contract has transacted any considerable amount of business in violation of the agreement.

It is also to be noted that a contract for the sale of a practice may validly provide that the restriction as to time shall operate only so long as the purchaser shall remain in business, though ordinarily he will desire to fix a specific time limit which will enure to the benefit of any person to whom he may desire to resell the business.

As being closely related to the principles above stated, it is interesting to know that the Tennessee Supreme Court decided in the case of Turner vs. Abbott, 94 Southwestern Reporter 64, that a contract whereby a dentist on entering the employment of an established practitioner agreed that he would not enter business, on termination of his employment, in competition with his employer, was valid, though the employee had not previously had any business or good-will at that place. The court refers to an interesting English case on this point wherein a dentist employed an assistant, who agreed that after his employment should end, he would not carry on the dental profession in London or in any of the towns or places in England or Scotland where

his employer might have been practising before the term of employment. It was held in that case that the agreement was valid as to London, but otherwise void as imposing an unreasonable restriction exceeding what the employer's interest could reasonably require, and giving him the power to prevent the employee from practising anywhere.

EXAMINATION FOR SCHOOL DENTAL INSPECTOR

The city of New Rochelle, N. Y., recently held a Civil Service examination for a dental inspector for the public schools. Here are the questions in the examination.

Have you any suggestions to make?—EDITOR.

MARCH 30, 1914.

1. What are the functions of the temporary teeth?
2. What conditions justify their premature removal?
3. Are efforts to preserve them or repair them desirable?
4. What effect does their premature loss or too long continued retention have on the positions of the permanent teeth?
5. *a.* Are orthodontic procedures with the deciduous teeth ever justifiable?
   b. Under what conditions?
   c. At what age?
   d. What results may reasonably be expected from such procedure intelligently conducted?
6. *a.* In what conditions of eruption of the permanent teeth are orthodontic procedures contra-indicated?
   b. Why?
7. *a.* What effect has mouth breathing on the formation of the dental arch?
   b. On the vault of the hard palate?
   c. On the septum of the nose?
   d. On the membranes of the throat?
   e. On the hearing function of the ears?
   f. On the development of the thorax?
   g. On the general bodily vitality?
   h. On the positions of the teeth?
8. When the air passageway through the nose has been cleared by the rhinologist, what are the dentist's functions toward helping to establish nasal breathing?

9. What conditions must the dentist establish to facilitate involuntary nasal breathing, to favor its continuance and prevent recurrence of mouth breathing?
10. If orthodontic proceedings are instituted, what relations of the teeth must be established to prevent return of the teeth to mal-positions and a failure of the work?
11. What are the relations between mastication and the digestion of starch? Of other foods?
12. How does decay of the teeth interfere with proper mastication?
13. If the lower left first bicuspid has a disto-occlusal cavity and the lower left second bicuspid a mesio-occlusal cavity, how many teeth are prevented from functioning?
14. *a.* Is the repair of such decay worth while to parents of moderate means?
    b. Is it worth while for the city to do it for the children of the indigent poor?
15. *a.* What is the effect of the loss of a lower first molar on the lower teeth?
    b. On the upper teeth?
16. Is it worth while to preserve these teeth?
17. *a.* Is the extracting of healthy teeth justified as a means of correcting mal-positions?
    b. Does it correct them?
18. Name some of the effects of neglect on the teeth?
19. What are some of the disease germs commonly found in unclean mouths?
20. How are these elements of danger to all other pupils in the same room?
21. How far may such germs be thrown in saliva? In coughing?
22. How long will some of them remain active after having been coughed out?
23. What reasons can you give for the very high percentage of deaths by tuberculosis among school teachers?
24. What is the effect of habitual care on:
    (a) The teeth?
    (b) The organisms in the mouth?
    (c) The danger to others from that mouth?
25. What are the reasonable steps for such care?
26. What is the value of tooth powder? Of pastes? Of washes?
27. How should a child use a tooth brush to clean the teeth?
28. If as examiner, you found children of seven years of age with decayed deciduous molars, what would be your advice?

29. If you found a child of six with the crowns of the deciduous molars gone, but the roots in position, what would you advise?
30. If you found children habitually mouth breathing, what procedures would you advise? (Itemize each step.)
31. What would be your advice in cases of mal-position or mal-occlusion?
32. What would be your advice concerning the preservation of the permanent teeth?
33. Do you regard the child with an unclean mouth or decayed teeth as a menace to the health of other children?
34. Do you regard it as economy for the city to care for the teeth of children unable to pay? State, in detail, why.
35. Is it worth while for school and health authorities to insist on cleanliness? State, in detail, why.

A FEW INTERESTING QUESTIONS

The following questions were asked in the December DIGEST, and in order that our readers may fully understand the answers, those questions have been reproduced.—EDITOR.

Editor DENTAL DIGEST:

I would like to ask a few questions from the readers of THE DENTAL DIGEST, as follows:

1. What are the results where there has been one or more teeth extracted if a gold bridge is placed in one or two days after extraction, and with the gums sore?

2. Or, if a tooth has been broken off by an accident and the nerve is dead and the root canal is filled?

3. Or the teeth have been decayed off for months and the root canals are not filled or treated? The gum around the broken-off tooth is very sore and irritated.

4. Is it advisable to put a bridge in over any of these conditions or all of them?

5. What results could an operator expect to get under such conditions?

A. K. S.

ANSWER NO. 1.

Editor DENTAL DIGEST:

In answer to A. K. S.'s questions, in the April issue, I would answer as follows:

No. 1. No harm done by placing bridge in position other than you must figure on absorption of process and gum to a greater or lesser

degree. Not good policy for anterior tooth bridge, unless Steele facings are used.

No. 2. If peridental membrane is injured—a risk and probably loss of tooth; do not know what risk.

No. 3. Infection and irritation may be cured; a gamble as to the final outcome.

No. 4. It is a matter of opinion as to what constitutes a healthy condition.

E. W. O.

ANSWER NO. 2.

Editor DENTAL DIGEST:

I submit the following in answer to A. K. S.'s queries in the April DIGEST:

No. 1. Better results are obtained if the bridge is inserted immediately after extraction than wait until the gums heal entirely, because if one or two days elapse the tissue becomes congested and swollen, and will not permit the bridge to be pushed up far enough so that when resorption occurs, there is liability of the ridge lap of the dummies not coming in contact with the ridge, which is desirable in the upper jaw. There is also danger of infection and necrosis of the soft tissues.

No. 2. This question is not entirely clear to me, but I judge an anterior tooth was borne in mind. In this case there would be no radical change in the surrounding tissues, but it would be impossible to insert as nice a bridge with this root in position as with it out of position.

No. 3. There most assuredly would be trouble here. By all means these roots should come out, as this sore condition would in all probability remain the same and liability of root infection, causing an abscess, would occur, thereby necessitating extraction of the root, which would probably prove difficult with a bridge over it.

No. 4. I do not consider it wise or good dentistry to put on a bridge in any of the cases referred to by A. K. S.

No. 5. The results obtained in the majority of cases would be a continued soreness at gum margins, liability of abscess through these gangrenous pulps, necessitating the extraction of the roots, and finally a lost patient that will ever prove a persistent knocker.

S. O. E.

THE PRINCIPLES AND PRACTICE OF TOOTH EXTRACTION

By William J. Lederer, D.D.S., New York City.

(*Eighth Paper—Conclusion.*)

TRISMUS (LOCKED JAW).

Swelling about the face producing "locked" jaw may prove a difficult complication of tooth extraction.

The infiltration of the muscles of mastication caused by abscessed or impacted lower molars particularly engages our attention. This infiltration produces that swelling "hard as a board," locking the jaws completely, preventing even the introduction of a thin cardboard between the teeth; or the patient may be able to open the jaws more or less, but not sufficiently to apply forceps to the guilty tooth. The amount of trismus depends upon the muscles which are infiltrated and upon the stage of inflammation present. The writer divides locked jaw into three types.

LOCKED JAW OF THE FIRST DEGREE.

Cases wherein the patient is able to open the mouth sufficiently so that the tooth to be extracted can be reached with little stretching.

LOCKED JAW OF THE SECOND DEGREE.

Cases wherein a finger can be introduced between the anterior teeth.

LOCKED JAW OF THE THIRD DEGREE.

Cases wherein the jaws are closed completely.

The successful termination of these cases try the utmost judgment of the operator. The cardinal questions to ask are:

Is the patient suffering from pain and direct infection that an immediate extraction is imperative?

Is pus present and can pus be reached?

The first degree of locked jaw is overcome by administering an anesthetic, introducing a Dehnhardt gag (Fig. 50c) and gently forcing the jaws apart sufficiently to grasp the diseased tooth with forceps.

The second degree gives a little more concern. The injudicious stretching of infiltrated muscle may result in injury of this structure with subcutaneous hemorrhage. Very undesirable complications, such as permanent damage, may result (stretching of ligaments, tearing of muscles).

In these cases it is advisable to administer sedatives—bromural, 0,6 (gr. X), or opiates—morphine sulphate, 0,00.5 (gr. $\frac{1}{4}$), to reduce

shock and sensibility, and then applying hot applications to the swelling for five minutes, then introduce an oval screw (Fig. 50a) between the teeth and gradually produce relaxation of the infiltrated muscles. The stretching must be done gradually, and it is surprising what can be accomplished with a little patience.

The opening of the jaws may require from ten minutes to an hour.

After the jaws have been opened sufficiently, the tooth giving trouble is extracted.

The most difficult cases to treat are, of course, those of the third degree. The method of procedure is the same as outlined for treat-

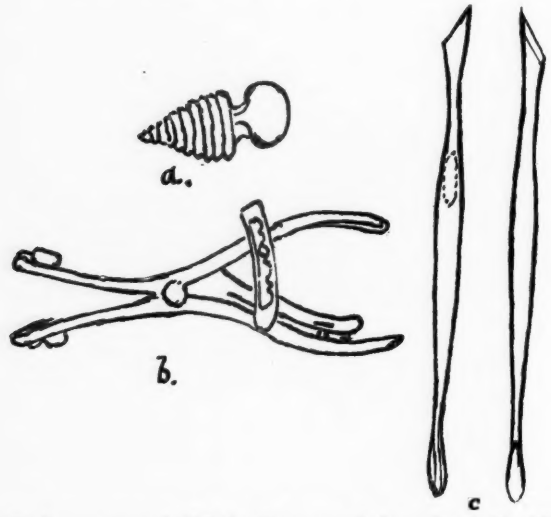


Fig. 50. a. Oral screw gag; b. Dehnhardt gag; c. Lederer flap knife (Kny Scherer Co., New York).

ment of the second degree. The patient is given an opiate and the teeth pried apart gradually with any fine instrument, so as to enable the operator to introduce the small end of the screw gag. This instrument is then very slowly turned to gradually force the jaws apart. In some cases it is impossible to get sufficient relaxation to extract, but we can open the jaws far enough to be able to palpate the swelling intrabucally and incise where pus is felt or suspected.

Postextractive care of socket or wound—neglected by most operators.

The patient's physical condition should be studied as to:

1. Circulatory disturbances—
   a. Diseases of the Heart—Valvular lesions.

b. Diseases of the Blood Vessels—Arteriosclerosis.
c. Diseases of the Blood—Anemia, Hemophilia.

2. Respiratory diseases—
   a. Phthisis.
   b. Emphysema of the lung.
   c. Any factor interfering with free respiration.
3. Diseases of Nutrition—Diabetes.
4. Infectious Diseases—Syphilis.
5. Diseases of the Kidneys—Nephritis, Uremia.
6. Diseases of the Nervous System—Neurasthenia, Hysteria, Epilepsy, Chorea.
7. Intoxications—Alcoholism.
8. Altered Physiologic States—Pregnancy, Menstruation, Menopause.

To fully study and master these various conditions would demand a knowledge of the whole domain of medicine, and as the dental surgeon is neither called upon nor qualified to treat these conditions, the full study of this matter will burden him unnecessarily and at its best make a "poorly informed amateur quack"; he should, however, be acquainted with the cardinal symptoms of such diseases as will affect the outcome of an anesthesia, as he is directly responsible for the welfare of his patient and ignorance is no excuse in the eyes of the law, but a direct accusation. If a man uses a general anesthetic, be it nitrous oxide, nitrous oxide and oxygen, somnoform, ethyl-chloride, or any other, he must be properly qualified to do so, or he had better leave it alone. He also must know the effects of shock upon the organism and realize that a patient will react differently under varying conditions.

A patient presenting with bags under his eyes, his face puffy, and perhaps his vest not buttoned, as well as his lace shoe not fully tied, is likely suffering from kidney trouble, wherein the bodily tissues become distended with fluid and the patient feels uncomfortable with tightly closed garments. This patient is a poor case to give ether to, but nitrous oxide is indicated. Also such a patient should not be given opiates unless absolutely necessary, as the latter might produce uremic convulsions. This is just to exemplify the necessity of the operator to be on the lookout for abnormal symptoms and when in doubt to consult with the physician.

If drainage is obtained, victory is ours, for with the discharge of pus, pressure and pain will be relieved and all symptoms begin to abate. A wet dressing of lead and opium wash or Burrow's Solution is applied to the outside of the face, a cathartic prescribed, and the

patient discharged. After one or two days the swelling will be reduced considerably (the wet dressings are continued during this time) and the patient will be able to open the jaws. The diseased tooth is then extracted and thus the cause of the trouble removed.

If, in a case of the third degree, pus cannot be reached, everything should be done to further pus formation. Cold applications used on the face to prevent an external opening of the abscess and hot fomentations or washes applied intrabucally to assist suppuration. Acute pains during this stage can only be controlled by opiates.

The swelling remaining after extraction is best controlled by wet dressings or cold applications.

CONCLUSION.

Having reviewed all types of tooth extractions and described the technique of the various operations, little remains to be said in conclusion. As previously stated, rigid rules cannot be laid down for any operation, as conditions differ in each presenting case. Teeth differ in size, shape, and arrangement; patients vary in physical and mental make-up, and the differentiation of the minute details in individual cases stamp the operator a master or an apprentice. For beginners and inexperienced operators certain basal principles as presented in this essay are essential, the ability to judiciously modify these is acquired only by long experience.

In concluding, the writer would emphasize the following:

Extraction operations are divided into:

1. Normal Extractions.
2. Extractions of Roots—
   a. Normal.
   b. Fractured.
   c. Malposed.
3. Extraction of Impacted Teeth.
4. Extraction of Unerupted Teeth (surgical removal of teeth).

All operations must be executed under strict asepsis:

A. Sterilization of instruments before and *after* each operation.

B. Care of operator's hands.

C. Care of mouth before and *after* operation.

It rids the dentist of a grave responsibility and is but fair to his patient.

A good deal has been said pro and con the advisability of extractions during pregnancy. The writer sums up all questions regarding this as follows:

If a tooth is to be extracted, take it out at any time of pregnancy, but use deep surgical anesthesia, given by an expert. To refuse dental aid to a pregnant patient is not only inhuman, but absolutely unscientific. The right keynote lies, here as everywhere, in medicine.

Prophylaxis.—Let each practitioner preach Oral Hygiene to his patients and make a clean mouth one of the requirements for normal pregnancy, and doctors and dentists will not be confronted by the trying question, "Is it advisable or no to extract during pregnancy?"

Finally, the writer cannot lay enough stress upon the warning against "fishing in turbid waters" for fractured roots.

The free dissection of overlying soft tissues, the generous sacrifice of bony structure till the root or impacted tooth is fully exposed, cannot be emphasized enough.

Fig. 50c shows a knife devised by the author for making tissue flaps in the mouth. It is practically a chisel and will not suffer when brought down upon the bone, as all other keen-edged knives will. When dull it is easily sharpened on a stone and then honed.

The lower end is a periosteal elevator to separate gum and periosteum from the bone, thus giving the operator two instruments in one.

In presenting the foregoing the writer does not pretend to have fully exhausted the subject, but rather offers a guide to the extraction of teeth, not as a haphazard, guesswork, happy-go-lucky, mechanical procedure, but as a surgical operation demanding the observation and application of surgical principles.

150 East 74th Street.

TO CONTROL HEMORRHAGE AFTER TOOTH EXTRACTION.

Loup City, Neb.

I find many interesting articles in The Dental Digest. I have read the articles on "Bleeders and What to Do for Them," by Dr. R. R. Johnson, Great Falls, Montana. The Doctor has given us much information in regard to the causes of hemorrhage, and its treatment. But as the Doctor did not give my original method of controlling external hemorrhage, and as I have not seen anything like it in the journals, I therefore wish to advise all to try my treatment when their turn comes. It is simple and sure, and no doubt the best treatment in the world to control hemorrhage after tooth extraction. I simply fill the mouth full of common wheat flour, and have the patient close the mouth firm enough to force the flour into the socket of the bleeding cavity and held there till a blood clot is formed and the bleeding arrested.

W. L. Marcy, D.D.S.

THE DENTIST AS SEEN BY THE PATIENT

This is a mighty good article—sensible and right to the point. Everything this patient demands is reasonable. I wish all our patients demanded similar things. It might pay some of us who haven't quite enough practice to read this three or four times and see what it means. —EDITOR.

Editor of DENTAL DIGEST:

This very amusing letter was received by me a few weeks ago:

"DEAR DOCTOR: Am in need of some dental work, but before I make an appointment I would be pleased to have you answer the following questions:

"Do you mix the silver for fillings in the palm of your hand?

"Do you smoke Turkish cigarettes?

"Do you carry your mouth mirror in pocket?

"Do you keep a sterilizer and use it?

"Do you wash out cavities with ice water?

"Do you wash your hands with ice water, or water that seems like it, and when you put such cold hands on patients wonder why a cold shiver runs down their back?

"Do you wash your hands for each and every time you look into a different patient's mouth?

"Yours truly,

"(Name and address.)"

As the lady didn't ask for anything that I couldn't honestly expect her to want, I answered the letter and made an appointment with her. I learned a whole lot and my experience may help others so I will try and relate it.

The lady told me she was a trained nurse by profession and at present, and for several years past, had been assisting a noted surgeon in his private operations. That means she said, "that I know what the word sterilization means." "I am not a crank on sterlization," she said, "and I don't expect the dentist to sterilize his rubber dam punch or his alcohol lamp, neither do I expect him to drop a drill or instrument on the floor then pick it up and use it. I know it is impossible for a dentist to use the same precaution as a surgeon but I do expect him to be ordinarily clean and careful. I have been to seven dentists in two years, making an attempt to have my work done and you are the fourth one it takes to get me finished."

The first dentist she made an appointment with over the 'phone and she arrived at the appointed time and found a sign on the door "Out

of Town for Two Days." She tried another one who was ready on day of appointment. He had drilled out cavity and was about to insert an amalgam filling in her tooth. He stood in front of her, poured some amalgam from a bottle in his palm and then some mercury and began to mix it with his fingers. Talking a perfect streak of foolishness all the time. She asked him if there wasnt' any other method of mixing a silver filling, " for while I don't like the germs that come from your hands, I do most *positively* object to the parts of cuticle of your hand that you are bound to incorporate into the filling by such methods." He grinned in a silly fashion and said he had been doing it that way for nearly twenty years and he hadn't heard of any deaths from it. She became so indignant at such a reply that she left without any further remarks.

The next dentist she went to smelled like a walking advertisement for a Turkish cigarette factory. Several of his fingers were stained a nasty yellow. His clothes and breath were reeking with the odor of tobacco. He carried his mouth mirror in pocket. Was forever talking, mostly nonsensical talk. One amalgam filling and she decided she was too nervous for any more.

Before going again she inquired of some of her friends for a good dentist, and she went to one highly recommended.

He apparently was a very clean man on first appearance. He had nice large offices, he was clean shaven, and had on clean linen. " My own objections to him was his manner of working. He syringed out my sensitive cavity with what seemed like ice-water. He would operate two chairs at once, going from one patient to the other without washing his hands. He was really too busy to do good work."

I seemed to get along very nicely with this lady, and I asked her what she thought a dentist should do and how act to gain the confidence of his patients.

" I expect a dentist to be as clean at least as a barber or a waiter. A barber or a waiter always is clean shaven and wears immaculate linen. A waiter wouldn't drop a fork or knife on the floor and hand it to you to use. Lots of dentists drop an instrument on the floor, pick it right up and use it. I know it is impossible for a dentist to keep things sterile, but he can at least be moderately clean and careful."

I told her that I always sterilized my instruments.

" I grant you do, but how about the cotton you just took from cotton holder? How about the amalgam you insert in my tooth? How about the water you syringe my cavity with and the air from your chip blower and your hands and breath, etc.?

" A dentist should sterilize his instruments so as not to carry infec-

tion from one patient to another, and that is all he can do beside washing his hands with a good toilet soap, and not a two-cent ill-smelling soap. His finger nails need close attention. I also expect him to be clean shaven, wear clean linen and be neatly dressed and *not* dressed like a race track sport in loud clothes and big diamond horseshoe scarf-pin. He should be polite and courteous, and above all not familiar in any respect. Better not say a word than say too much. I also expect him to work from the back of the chair and not lie all over a patient in doing his work.

"This fault of many dentists is unpardonable and will in itself drive good people away. I also expect him to be punctual about his appointment; when I say punctual I mean within fifteen or twenty minutes of the stated time. I also expect a few minutes leeway and not be met with a scowl and growl, 'Rather late,' or, 'I said 9.30 not 9.40,' or such similar growl.

"He should also cultivate, if he hasn't it, a soft pleasant tone of voice. Nothing makes a patient so nervous as to have a man almost yell in a harsh tone, 'open wide.'

"There is a whole lot more I expect, but these things can be overlooked, but none of these I have mentioned can I overlook, if my patronage is expected or wanted." A. H.

TO KEEP TONGUE AND SALIVA FROM LOWER TEETH WHEN RUBBER DAM CANNOT BE USED

For years I have found it very difficult to keep the tongue and saliva from the lower teeth (molars and bicuspids) when the rubber dam was not practical.

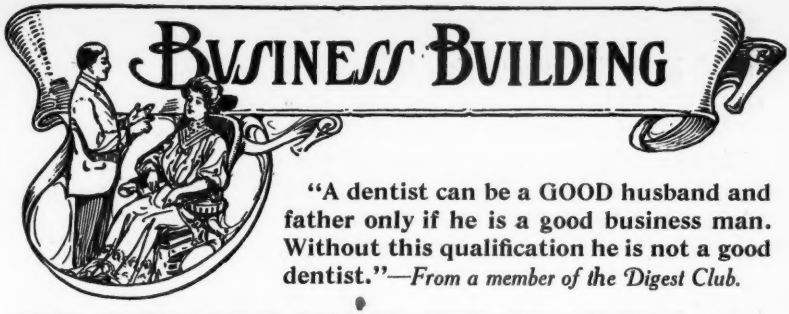
Also, when grinding the lingual surface of these teeth for crowns, etc., I used a tongue depressor, such as every M.D. has, the best, the kind with hinge in center.

I wrap end well with cotton and place it on patient's tongue and request him to hold it in place.

The hinged depressor permits patient to hold it, with hand under the chin, out of my way, and I have no trouble in keeping the teeth dry during treatments, bridge settings, etc. In such cases I can dry the teeth, and patient easily keeps them dry while I mix cement or make other preparations.

I wish somebody had told me of such a "trick" years ago.

D. M. Steele, D.D.S., Ranger, Tex.



"A dentist can be a GOOD husband and father only if he is a good business man. Without this qualification he is not a good dentist."—*From a member of the Digest Club.*

SOME OBSERVATIONS BEARING UPON THE BUSINESS SIDE OF DENTISTRY

By W. F. Whalen, D.D.S., Peoria, Ill.

DISCUSSION.

(*Continued from May issue.*)

Dr. J. D. Reid, Pana:

It is necessary for us to understand the overhead cost of doing business. The cost in Chicago, Kankakee and Nokomis is so different that the same fees cannot prevail. It is necessary for every expense to enter into one's calculations if he wishes to show a profit. It is said that the net profit of the average dentist, not the gross income, is about $1,500. Doubtless many of you gave up a business, a profession or trade that was paying you almost that much. It is not necessarily incumbent upon us to dignify the profession by getting large fees, but more of the excellence of our work, and it is necessary that we live right and do right, and we cannot live right unless we have the wherewithal to live on. My idea of the paper is to get us together. There is nothing like self-interest for getting us together and in good fellowship. The pocketbook strikes us all first. We can talk about higher ethics, but we have got to look out for the pocketbook. If we sign some sort of agreement for a minimum fee, I do not know of any reason why a man should confine himself to that fee, but that simply gives the weaker man in the profession—and there are always weaker men in any trade or profession—the opportunity to know what he can depend upon. If a new man comes into your community and wishes to know something about the fees, you can give him one of the fee bills and he will have some idea of what is to be expected in that community. He may be a good man, but he knows very little about the prevailing fees in that locality, although he may have received the necessary instruction in his college to charge the fees that other men are charging. But the fees are so at variance. If you strike one of the more successful practitioners, his fees are larger. If you strike

one of the smaller ones, the fees are necessarily smaller. If there is a minimum fee bill, he has no fear that he will undercharge.

The question has been brought up in the discussion of the amount of fees received from the public at large by physicians and dentists. We had a paper read before our Society not long since, by one of our physicians, who called us all sorts of names because we did not get better fees. Just this week, one of our neighboring dentists had a mishap in his office. There was a death caused by the administration of chloroform. The dentist gets the blame for the death; he gets the notoriety, and probably if the death had not occurred he would have obtained 50 cents for extracting a tooth. But the physician who gained none of the notoriety would have gotten at least $5 for the administration of the chloroform. That is some comparison of fees between the dental and the medical profession. A fee bill would stimulate us in many ways and get us together. If the hired girl is willing to pay $15 for a hat along about Easter time, and only wear it for three months, she can afford to pay more than $5 for a crown which will last her many years, so that there is no reason at all why the matter of fees should not be straightened out. I touch on the matter of a $5 gold crown because we see it advertised in many places. I am not talking about the advertising dentists at this time, but he immediately enters into the case when we talk about the minimum fees, and if all ethical dentists knew that their brothers were not obtaining the prices of advertising men, they would hang more nearly together. One feature to be considered by every man who takes up a minimum fee bill would be the fact that every cent he adds to his fees is net profit; it makes no difference whether he is getting $5 for a crown or $10, the overhead cost is the same if he is honest. There are good reasons why we should have better fees now than ten years ago. The cost of equipment in the office is considerably more. Ten years ago you probably had no telephone. The wages of the office girl were small. At that time we used the foot engine or foot lathe. There were no casting machines, no fountain cuspidor, and many other things that we now have to use. The cost when we used the foot engine was about $50, whereas to-day we pay $50 for the electric engine and other items in proportion.

Another matter taken up is the actual cost of constructing plates. There is very little known by the average country dentist, who is doing his own work, as to what it costs to construct a plate. A dental journal recently sent out several thousand inquiries to different dentists and asked them how long it took to make a plate; the average time was about 8 hours and 8 minutes. Twenty-five per cent. of the plates

must be made over for various reasons with which you are all familiar, which would increase the hours 25 per cent., making the actual average of 10 hours and 8 minutes for every plate put out. The man who is getting something like $10 or $15 for a plate is not doing a very lucrative business. At a meeting of a certain district dental society, held February 18th and 19th, they reported these facts through their fee and finance committee, who had some business matters to consider: Twenty-eight per cent. of dentists invoiced every year; 50 per cent. bought supplies in quantities; 41 per cent. took advantage of a possible discount; the average percentage of expense to net cash was 35 per cent. plus; the average per cent. of expense of gross business was 29 per cent.; average collection of gross business, 83 per cent.; 87 per cent. claim to watch collections carefully; 17 per cent. did not mail statements; 89 per cent. extracted the teeth of children for less than adults. So it would seem that dentists are poor business men and only by discussion of papers such as Dr. Whalen has written can we become better business men; consequently, I thoroughly endorse everything said and wish we could have more along this line.

. . . . .

Dr. Edmund Noyes, Chicago:

I am not going to find any fault with this paper especially, but I would like to supplement it a little.

There has been a great deal written and published in the journals in the last few years about the business side of dentistry, and there is much of it that has been excellent, and I have no doubt it has served a very useful purpose to the members of the profession. For the most part, in these publications there has been a lamentable ignoring of any difference in either business or ethical standards between the professions and commercial business, and other lines of business endeavor, and I have been very sorry indeed to see this general tendency apparent in the minds of men to make no distinction between professional and business obligations, and no difference in the conduct of professional business and commercial business. In this day and generation, when we see a strong disposition and tendency in the business world to raise itself up toward high standards, toward the ethical standards of the profession, I do not think it is necessary at all, and I should be very sorry indeed to see any effort on the part of the profession to go part way to meet them. We do not need to. Our own standards have never been too high.

There was one phrase in the paper which I do not like. He criticized severely and characterized unkindly the statement which professional men sometimes make, and ethical teachers ought always to make,

that in professional life the pecuniary compensation is secondary and the service is first. When you say that the remuneration is a secondary consideration, you do not mean that the man is not to have remuneration. You do not mean it at all. You mean that the nature of his service and the needs of those whom he serves are of such a character that any man standing beside another man in need, and remembering the duty to do to others as he would have others do to him, must take this attitude. He cannot help it. A physician is called to a man dying. Can he put the question of his fee first and the service to the dying man second? There is probably not a man in this audience who would say that he could, and yet physicians have done that. When a man, who has possibly spare time, or has an income sufficient that he may possibly spare a little bit of it and still meet the necessary demands upon him, is confronted with a poor girl whose teeth he may preserve for a life of usefulness, or whose teeth he may refuse to take care of and they may consequently go to wreck, he must not for a moment surrender the standard of ethics in his professional life. We must conform our whole business arrangements to it. We must have our standard of compensation such that we have a margin for these things. We must have something left for charitable service. I would not for a moment indicate that I think the dentist's income should be any less than any of these men require that it should be. I simply insist that the standard of compensation be high enough to leave him a good strong margin for work that is done for less than his standard, for people who need it. The obligations that come to the professional man in these respects are incomparably greater than those which come to the proprietor of the retail dry goods store, or to the proprietor of the grocery store, or to the manufacturer of automobiles, or to the banker who is called upon to loan money, and I feel hurt whenever I see an attempt to ignore these professional duties and standards and obligations as distinguished and different from business and commercial standards and obligations.

. . . . .

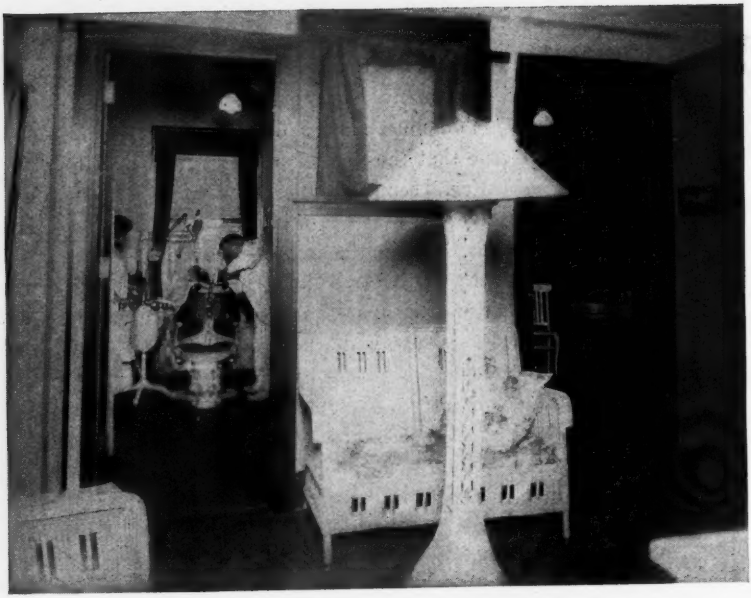
Dr. George H. Henderson, Springfield:

It want to say a few words with reference to fees. The speaker has said the moral standpoint must be looked into, but that does not necessarily mean that we should not look after the financial end of our business. There is a vast difference between practising dentistry in the city of Chicago and in the small cities or towns in this State. We know that the fees for crowns in Chicago vary from $2.10 to $99.99 each, and we have to remember just as these fees vary, so do the men. I told a patient not long ago that the very best dentistry was done in

Chicago, and some of the worst. When we come to the outside cities in the rest of the State we must look to another point. You cannot in the small towns and cities do as you will, yet very much larger fees might be obtained. Every man has an individuality, and that individuality makes a big difference in his fees, but we cannot get unduly high fees or very much larger fees than the other fellow. It is true that some do get more than others, but when you get a minimum fee to stimulate the fellow who does not get as much, you will not lower the standard of dentistry, but you will raise the chance for the other fellow to get a larger fee. If two or more of us agree to raise our fees and to stand by them as gentlemen, we will all be the better off. But remember this, that we must deliver the goods, and if we are not qualified to deliver the goods for which we charge, then I think we would be better if we would go to Dr. Koch or to Dr. Brophy, or to some college man and learn until we can deliver the goods.

Dr. Whalen experimented on our Society with a paper, and I wish to thank him for it. If he would experiment on some of the rest of you, I believe you would all be better off, and a minimum fee is the best way of which I know. You know as well as I that if we were to try to find out the fees obtained by the members of this Society right here and get them to make a list, there would not be 50 per cent. on that list as made that would be trustworthy. (Laughter.) I know whereof I speak. I called on many dentists in their offices, and I know what I got from them. You must have a dependable proposition for the young man. It is true that the new man has a great deal to withstand in opening a practice, because of the very fact as mentioned, that he cannot find out the fee that the other fellow is getting. He cannot, and I defy him to do it in the average town in Illinois until he has had experience with the other fellows, and then he will often be disappointed. It is very often true that some men are rated a-way up yonder and their work is a-way down here (laughter), men who have big reputations among the people, yet who are absolutely the worst dentists in the community. How are you to compete with that kind of opposition? You cannot compete with them and successfully put it over, because we cannot as members of a society afford to knock the other fellow, and if a patient tells you of the miserably low fee he or she paid to some dentist, what are you going to do? We do not knock. We cannot do it, and how are we going to get along?

(Conclusion of this Discussion is expected to be published in the ***August number.***)



Offices of Dr. George A. Chamberlain, Grand Rapids, Mich.

SHOULD DENTISTS ADVERTISE IN THE WEEKLY PAPERS?*

By M. E. Merker, D.D.S., New York.

Should the modern up-to-date dentists advertise in the daily or weekly local papers? I reply, "Yes," and give here some of my reasons.

Indigestion and dyspepsia are national complaints and the cause is very largely due to the failure or inability to properly masticate the food as nature intended.

Without proper food thoroughly prepared by good teeth before it enters the stomach the body is filled with disease, aches and pains and goes into a premature grave. There never can be proper food for the adult without perfect teeth, and this, in America, not one person in ten possesses; therefore, it is plainly seen that the dentist is more responsible for the health and consequently the happiness of the nation than all the medical doctors and specialists of the entire land.

The average doctor looks at the tongue, feels the pulse and takes the temperature and a score of other things in order to correctly diagnose some systemic conditions arising from stomatitis or intestinal disorders; but how rarely does he observe the first danger signal and realize in many cases that these results are directly resultant of imperfect teeth, which do not properly prepare the food for assimilation.

A well-known musician of New York, a man who did a tremendous amount of work, had been taking medicine for two years in order to regain lost strength and vitality, but without much success. He went to a new doctor who happened to be an exception to the great majority, for he said, at once: "Let me see your teeth." Immediately he saw the cause of the whole trouble and said: "Ah, you do not need any medicine from me. Go to a dentist and have your teeth attended to and you will have no more trouble." He came to me and I found every tooth he had was all but gone from pyorrhea alveolaris; conditions being such that it was utterly impossible for him to masticate his food, and for years his body had been starved and poisoned.

I extracted the two superior centrals, incisors, right lateral incisor, right second bicuspid and left canine, leaving on the right side the first and third molars and canine, and on the left the lateral incisor and third molar. To these abutments, after a thorough treatment, I put in a full upper bridge. This was four years ago and the bridge is doing good service yet. On the lower, I took out the right second molar and first bicuspid, leaving in the right third molar and the two bicuspids

* Read before the Alumni of Northwestern University Dental School, but not approved by them.

on the left side; these three teeth I crowned and made a plate to clasp on them, and in a month's time he proclaimed himself to be a new man. In one year he had gained twenty-five pounds in weight and that ever-tired feeling had completely disappeared.

Such cases, of course, are common to all dentists, but the vast body of the people are completely ignorant of the real cause of their ill health, their pains and misery, and until they are educated these conditions will remain.

The dentist should be more than merely a dentist working for a living. He ought to be something better than a mere money-maker. Those who live only to make money have a low conception of life and come far short of the purpose and privilege of their existence in this world. The dentist more than anyone else knows of the ignorance or indifference of the masses regarding the relation of good clean teeth to perfect health. It becomes, therefore, the imperative duty of the dental profession to see that the public is educated along these lines, and by doing as this paper suggests we could do more in two or three years than the old methods would reach in a lifetime.

There are dentists and *Dentists.* Some are content to jog along with merely the knowledge they acquired at college and have since learned by experience. They use the same old methods, the same old tools and machinery, and if they get enough practice to keep body and soul together they are perfectly satisfied. There are other dentists who keep abreast with the times. They procure the most modern appliances and keep thoroughly informed on all new discoveries. Such a dentist believes that the best is none too good for his patients, and his patients are always ready and willing to pay the price that such work always commands. He is not content simply to get enough practice to keep himself busy. He is too valuable a man to be spending his time extracting teeth, filling cavities and making rubber plates. His knowledge, his experience and standing in the profession should place him at the head of a corps of assistants who should be doing merely the mechanical part of the work.

This is the day of *Specializing.* The do-it-all man is fast disappearing and his place is being taken by the *Specialist.* The advanced dentist, therefore, must take his place in the ranks of the *Specialists,* and be prepared to take care of twenty patients, where, under the do-it-all plan he looked after one. "Ability to serve is the test of education and the measure of a man."

The main question is, therefore, *how to reach the public?* The sign on your door or window means nothing. A little card in the paper carries no valuable information. This information will not be given

from the pulpit nor from the public platform. In this day and age there is absolutely just one medium that reaches the local public, and that is the daily or weekly newspaper. And right here I will be confronted with the statement that the worst quacks and mountebanks do the most advertising in the daily press, and that they get the business. If this is true, then there are a thousand reasons why the legitimate dentist should use the very same methods. The same medium that educates the public in the wrong direction will lead the people into the right paths, and result in untold benefits to the people and to the profession.

My idea of advertising is not to follow the usual custom of stating that " sets of teeth " can be secured for $2 or " crowns " at $3, which has done untold harm to the entire dental profession, for it has educated the public to a standard of price that has tended to lower the class of work to be done, and given an entirely false idea as to the prices for good work. I would advise taking a space in one or all of the local papers, and in bold reading type begin a campaign of education on the points mentioned in this article. Articles should be very short, pointed and pithy, changed every day.

Preservation of the children's teeth.
Filling cavities.
Clean teeth.
Treatment or removal of decayed teeth.
Relation of teeth to digestion.
Good teeth means good health.
Good teeth and beauty of face and features.
The wonders of bridge-work.
Cheap *versus* good work.

If it is worth $200 to $500 to remove the appendix, how much is it worth to give a set of new teeth to save one's health? Perhaps his life.

No cheap work at any price.

The daily and weekly newspapers are read by every member of the family. The business man on his way to the office, the clerk to the store, the laborer to his daily task, the housewife at home, the lady in her apartment, the children after school—all must see and read the paper. At first your advertisement may not be seen, but if you keep at it, it will attract attention, and very soon your statements would be just as faithfully read as the popular news.

The dentists themselves are largely to blame for the average low prices secured for their work. We read in the daily papers that some great " specialist " has performed an operation on some public man and received an enormous fee. He is termed a " great man," and the greater

the fee the greater the man in the eyes of the public. If a dentist should charge $500 or $1,000 for restoring a man's mouth to a perfect condition, bringing him health, peace, happiness, and good looks, he would be called a highway robber. This is simply because the dentist has been thinking in cents and not in dollars. Because he has been advertising "full sets of teeth for $10," when everyone knows that such work is unfit for the mouth and a disgrace to the profession. I do not believe that we should rob the patient by overcharging, but my contention is that when a man gets a good fee, he will spend more time, use more care and produce better results than when his fee is small and simply gives him merely living wages. You will find also that your high-fee patients will be your best friends and advertisers. They are fully satisfied with their work and they never fail to tell how much it cost. My motto, therefore, is: *"Charge good prices and do good work."*

Do not be fooled with that antiquated idea that "professional men should not advertise." We are living in a new age. Conditions have changed. Make your name big enough so that "he who runs may read," for everybody is on the run in this country. A "down East" farmer during the last election was arguing with his republican opponent and said: "My father was a democrat, my grandfather was a democrat, and my great-grandfather was a democrat and, by gum, I'm a democrat." Said the republican: "If your great-grandfather had been a fool, your grandfather a fool, and your father a fool, what whould you have been?" "Wall," said the old farmer, "in that case, I guess I would have been a republican." Let us forget the grandfather customs, and come down to present-day methods. The *Dental Journal* informs us that careful statistics prove that only eight per cent. of dental work that should be done comes to the dentists of this country. What about the 92 per cent.? How can they be reached? You will undoubtedly agree with me that they ought to be reached somehow, and you will certainly agree with me that they never can be reached by present methods.

The dental profession must abandon its conservative and exclusive ways of dealing with the public. We must get the truth before the people and, as stated before, I believe that there is only one way of doing it, and that is through the public press. While we are doing good to ourselves, we will at the same time be conferring a lasting benefit on the people. Let the slogan, *"Good teeth means good health,"* be repeated until its truth is firmly fixed in every mind. Then let us resolve only to do the best of work and for it charge prices that the knowledge and professional standing should demand and command, and the only man that should not advertise is the one who has nothing to offer the public in the way of knowledge or skill.

WHAT SHALL WE DO TO STOP THIS?

FRIDAY EVENING, FEB. 27, 1914

"Dr. Advertiser" Is a "Quack"

So the Dental Combine tells you—and that is not all the complimentary things they say about "Dr. Advertiser." Yet, when you consider what "Dr. Advertiser" is doing to the price schedule laid down by the Dental Association you cease to wonder at the malice and spleen shown him by members of the Trust.

Just for example: "Dr. Combine" charges you $10 or $15 for a gold crown—"Dr. Advertiser" charges you $3.50 for exactly the same piece of work. And does "Dr. Advertiser" lose money by the transaction? No, indeed; that is not what he is in business for. "Dr. Advertiser" makes a nice, comfortable, legitimate profit—imagine what "Dr. Combine" must make.

And so we could go on quoting through the entire category of possible dental work, showing the same monstrous difference between the legitimate price of honest work and the price charged by members of the "Clique."

So they say "Dr. Advertiser" is a "quack"—no wonder they call him names. But the public knows from its own actual experience that "Dr. Advertiser" (meaning Painless Withers) is an exponent of fine workmanship, skillful treatment, painless operation and FAIR PRICES. And the public is showing daily that advertising pays—even by a Dentist—if he is on the square.

Remember this: "Ethics" cannot take the place of skill and knowledge in a dental office, no matter how the "Combination-of-High-Price-Conservation" shouts.

—From a Dental Society.

CHARITIES—STRIKES IN PROGRESS

It seems to us that the primary purpose of education is to teach relative values. Moreover, when our schools succeed in teaching this fundamental principle, most of the problems of life will be solved. Ninety-five per cent of the unhappiness of life whether cropping out through sickness strikes or social disorders is due to mistaken ideas as to relative values. For instance, the health of the community improves only as the community realizes the importance of health; the struggle between capital and labor can be eliminated only as both sides realize that their personal interests depend upon the prosperity of the community as a whole; while the other difficulties are due to misunderstandings or because we try to put round pegs into square holes and square pegs into round holes. Hence our interest in industrial education, vocational surveys and guidance work, together with supervised playgrounds and similar practical educational endeavors.

To us it is inconceivable how our school authorities are content to devote so much time to teaching subjects of remote importance, and entirely omit teaching relative values. The fundamental relative importance of faith, health, common sense and service, such as really make for happiness, is what our educational systems should primarily teach. This should be followed by continuation schools treating of various industries. In practice, we would test everything by its ability to make people truly happy. If it succeeds in this, to us it is worth while; but if not, we have no use for it. Of course, happiness is not the same thing as amusement; for when considering whether or not a certain thing makes one happy, the after effect must be weighed equally with the temporary pleasure. We do, however, feel that after a person has enough of this world's goods to live healthily and bring up his family as God would have him, the greatest happiness comes through service and often through sacrifice. Then, too, only as this spirit generally increases do we grow really more prosperous as a nation and more efficient as employers and employees.

We care not what a man's creed may be, for certainly no theology should be permitted to creep into our public schools; we care not what a man's policies are, or whether the teacher of our children is a Republican, Democrat or Progressive; but we do want that teacher to have a correct idea of relative values, and to drill this into our children and every other child in the school whether boy or girl, rich or poor. When a new generation grows up with a knowledge of relative values of fundamentals of life, then our present problems will rapidly solve themselves. Furthermore, until our educational systems are reorgan-

ized with this new object in view, little will be accomplished by legislative or other means. Neither riches nor votes will permanently raise the X-Y line. This can be done only through the development of righteousness, common sense, publicity and co-operation. The continuation school is the key to such a development.—*Selected.*

THE REASONS WHY

In my last letter in answer to C. H. P. (May DENTAL DIGEST, page 290) I tried to show that explaining "the reasons why" brings business. I will submit some illustrations of this. To bring business or get business, the quality of our product has to be known or advertised; our ethics teaches us the unfairness of showing our modern means in print in competition with our brother who has the same methods and acts in the fairer way, nor do we favor glaring signs that would lower our profession to the catchy, faker class, so we submit to the only other medium, our patients.

Our patients are advertisers on what they know, what they can intellectually talk upon and unless this condition exists the dentist has failed in his advertising.

About six months ago a shoemaker started business a half block from my office. I had often seen four or five watching him work and heard a few times that he was a dandy, so one day I stepped in. He was putting on a half-sole. He took the leather out of some water and marked it, punched the holes and put it on, all the time he was explaining, and when I went out I knew that sole would not warp or swell, that he had sewed it to give strength, and said to myself, he *is* a dandy. We used to get soles replaced for 40 cents, and I often wondered at the $1.00 work, but will never question it again. I am his advertiser and can tell anyone who needs his services why.

There are four butchers here; sometimes we get a tough steak; talking with a friend about them one day he said he dealt with Mr. M. "He kills his own meat," he knew because he saw him drive them up street, and they looked pretty prime, too. As a matter of fact, the others kill their own, too, but don't drive them in his view. He advertised what he knew, and could explain it.

These two are examples of the men who *do* business; on observation of every good business man, some features like this will be found.

In my last paper I mentioned a specific case, preparing a tooth. Dentist A. goes to work without further explanation; he has done his work well, the patient is glad he has his tooth saved properly, gladdest of all that the operation is finished. To any of his friends he can say "it looks well, but it was a terrible bore to me"; the chances are he won't say anything. Dentist B. does his work with explanations of every detail as he progresses; the patient is all interest; the pain, if any, is diminished when the reason is known; he knows why everything was done, what was done and will remember when he sees a friend who needs the Dentist.

That patient can give his friend reasons why he should consult Dentist B., and Dentist A. loses where he could have had a chance.

I have made it a point to find out why every new patient comes to me, and can trace each to older ones. I use no sign or cards, so depend entirely on any reputation I can make. I find a few of my advertisers belong to my lodge or are personal friends; the great majority advertise me on their knowledge of their own services.

Only yesterday, I learned something about a dandy; in two years he has paid me over $150 on his own account and turned many times that my way. Many have come with instructions, "Now don't get those teeth out, am sent here to have them fixed right," with the advantages all explained.

Lately he had a pain in the region of the lower molars, the first and second were filled. I finally hit on the spot, the distal side of the partly erupted third had an exposed nerve under the gum; this took six appointments and yesterday I was to remove the arsenic. He was waiting a few minutes and happened on my last article. When he took the chair he said, "I was just reading some in a journal there, and you've got *it* to perfection. If you hadn't explained what you were doing all this time, I would have quit long ago, but I knew by that what you were doing so didn't mind." I explained how I wrote it and lent it to him. He is a grocer and now divides his time at his books and instructing his clerks; lately he ordered special shoes to save their feet. Every Saturday evening after work he takes them to lunch and imparts business ideas. His business shows his efforts to have his clerks place the wares to a customer in an advertising way.

From these cases allow me to state that any business man must be known, to do business in a proper way; to catch the customers who come from the recommendation of others, and in dentistry this class is decidedly in the majority; the percentage of people who consult a dentist because they see his sign is very, very small.

Then let us start a publicity movement; use every patient as an

advertiser, educate him, explain fully what is wrong, what is needed; if price is a barrier explain a temporary or second best treatment; state a good fee before if advisable; and make only good promises. Having decided on the operation, make an outline and as it advances explain the steps. If pain is necessary, say so with the amount and cause. No dentist can talk a patient out of pain or distressing operations; the most he can do is be a good sympathizer. His explanations will show he is trying to be easy and good.

Some dentists naturally draw confidence, others have to cultivate the power; we can all do it if we are able to explain always what we are doing. To us who are not naturally gifted, the study will be fairly hard, but a trial will bring results. Start on the next simple amalgam filling, never mind the weather or the Mexican situation, talk about dentistry, inquire of pain, when first noticed, etc., and only the history of the tooth need be of interest. The patient will likely do the needless talking and explain his former treatment. Decide upon the filling (amalgam), likely no evidence of pain or future trouble if filled, explain the necessary steps, then commence, "I will take as much decay as I can out with this excavator. Now for the rest I will use this bur; it should not hurt, though you are at perfect liberty to mention it if it does. I will use this fissure bur to make the walls of the cavity at right angles which gives their greatest strength, then the undercuts, the *bevel* and final filling." Explain the filling, its setting, its polish when hard. Collect your fee and mark that patient's name in your advertising column.

It pays to advertise, but you have to deliver the goods. Explanation is dental ethical advertising; honest, clean operations are "the goods."

N. D.

INTROSPECTION

Introspection is the process of looking at yourself through a glass, more or less darkly, and is usually indulged in by those who have nothing else to do.

Introspection, if long continued, produces many maladies, including suffragitis, sex-mania, grape-juice fever, prohibitionists, ragtime, two-steps, legislation and laws. One of the oldest and most reliable cures known is to get into a fight with your neighbor. Some think the remedy is worse than the disease.—*Life* (*From Bureau of Co-operation.*)

EXPERIENCES

Editor DENTAL DIGEST:

The letter of C. H. P., in your March issue, appealed to me more strongly than anything I have seen lately because I traveled his road and made a failure. I moved to a new town and am making now, after a short time, about $400 a month gross. Some months more, and some months slightly less but with a good, healthy increase every month, and I did this by telling people what I could do.

I used circular letters mailed out from a 'phone directory list. Then I put out an electric sign (Dentist) and since have followed this with the enclosed letter which I mail to each desirable patient six months after I have completed any dental work for them.

PLATES THAT FIT
CROWNS AND BRIDGE WORK
MY SPECIALTY

HOURS: 9 TO 5; 7 TO 8
SUNDAYS BY APPOINTMENT
PHONE _____

DR. _____ _____
DENTIST
_____ ST. _____ ST
_____

_____ CAL.,

Do you know that you should have your teeth EXAMINED every six months? It is my business policy to take care of my PATIENTS TEETH, and by filling cavities while they are small and cleaning them often, I can preserve them and save you TIME, PAIN and MONEY.

This letter is to remind you that it has been over SIX months since you have had me do any Dental Work for you. It would be advisable for you to have them EXAMINED at this time.

Open evenings 7 to 8 P. M.

Yours respectfully,

EXAMINATION FREE.

C. H. P. says he is a good extractor. If he has an N_2O & O outfit or knows how to inject a good local anesthetic he can extract without pain or *painlessly*. Is there anything about telling the people this that is *un-ethical?*

Hoping this will be of assistance to C. H. P., I am, yours,

A. B. C.

REPLIES TO G. B. L.—No. 1.

I have just read with interest your communication in the April issue of the DIGEST and cannot resist the desire to strengthen your convictions by a few words of encouragement.

"Do not give up the ship." "Never say die." You have a conviction—it is right—stick to it.

Your patient is strong-willed, but ignorant of dentistry. She needs teaching. Perhaps you have not presented the subject strong enough. Become a teacher—put yourself in her unenlightened position and *make* her see that you are right and she is wrong. Failing in that—*absolutely* refuse to do the work other than in the way your knowledge teaches you it should be done. In the end she will have far more respect for you and your dentistry.

So far as her wealth and influence is concerned, that will never count against work improperly done. If done her way you would eventually lose more patients than you would gain, for she would be just as quick to censure you as if you had done faulty work on your own account.

The *square* deal, and the only deal for the square man, is to work according to the light of his scientific knowledge. Have the courage of your convictions, and never become an order-taker. You are a professional man practising a dignified profession.

Patients never dream of dictating to the surgeon how a given operation shall be performed. Why? Because they realize that they do not know. It is up to us to elevate the profession of dentistry so that the public will realize that the dental surgeon is not the "tooth dentist" of yesterday.

If this will help any, use it for all it is worth.

D. R. P.

No. 2.

Editor DENTAL DIGEST:

In reply to G. B. L., in April DIGEST, if "an old lady" went to a doctor for treatment and the doctor prescribed; if the aforementioned "old lady" returned and insisted that she did not get what she wanted, but wanted potassium cyanide, would he give it or would he refund the money for the treatment already given? I would tell her that she came to me for the benefit of my knowledge and experience and she had received it. That I could not afford to turn out poor work to satisfy the whims of anyone. If she insisted the work was not right I might go so far as to call in another dentist to pass judgment. And as a final I would tell her the work was done to the best of my ability, and if

she felt some other dentist was more capable than I, that all I asked would be for her to settle her account in full and we would consider our business relations at an end, with no hard feelings whatever.

"OLD DIGEST READER."

No. 3.

Editor DENTAL DIGEST:

For the benefit of G. B. L., in the April DIGEST, I will relate an experience of several years ago. A man from a nearby town came in for consultation. He had a splendid set of teeth but complained that food lodged between the upper second and third molars on one side. Examination showed no decay but enough space to prevent contact. I tried to explain how the trouble came from lack of contact and how a filling that would make a contact point would relieve him. He refused to see it that way and wanted to know if I could not grind between the teeth and make the space wider. I admitted that I could, but tried again to explain that such procedure would only make the matter worse. I could not convince him. He wanted the space. I asked him if he would be willing to accept the results of his judgment after I had given him my own opinion and he said he would. With a separating disk I made the space wider.

In about six months he returned and said: "Doctor, I guess you were right about that contact business." The wider space had made more trouble and he had come to have it fixed my way. It was simply his way of learning to accept my judgment in dental matters. Since that time I have cared for his family and many of his friends.

G. B. L. will find that "if he is delivering the goods" most people will accept things as he suggests. He may also find that tactfully humoring a patient will often make a valuable friend for him. I would advise, however, that he always place the responsibility upon the one whose judgment is being followed.

H. L. W.

"WISHES TO ENROLL IN THE DIGEST CLUB"

DR. G. W. CLAPP.

DEAR DOCTOR: When, after hours of painstaking labor, I have succeeded in doing a fine piece of work, I like to be told that the patient appreciates my services.

Now, Doctor, I appreciate your work, as editor of the DIGEST, particularly. Of the nine journals that come to my desk, the DIGEST is the

leader. At this point I wish to enroll in the "I'll Help DIGEST Club." I wish to do this because I am beginning to see its good results.

I am a graduate of thirteen years in both medicine and dentistry. I believe that I am a success as the dentist of to-day goes. However, I lay no claim to the "howling" department.

I enjoy reading honest papers—the DIGEST kind. For years I have studied the journals and have read with great amusement many of the articles published therein. Some of them made me imagine that the writers never had a set back in their lives. Their office work was a joy, and they were in the work for love, not for the great big fees that they invariably received.

Last year I took a short trip through several cities where some of these prodigies were in business and the bottom fell out of the bucket. They should have belonged to the Ananias Club, instead of a dental association. Their papers were splendid in theory but in many cases a little thought would show their absurdities. I have attended a number of society meetings and have listened to "tommy rot—I am holier than thou" papers until I have been disgusted. Discussion only brought out the usual "I don't believe that I am the right man to discuss this paper. It is a splendid paper and I don't think that I can add anything."

The DIGEST is bringing out good papers. Dentists are writing of things as they are here below, and not of things as they are in Utopia. This class of paper is displacing the usual society bombast. Good honest papers, good honest discussion—these rules make successful meetings.

Six years ago I attended a State meeting in my State and listened to a flowery talk given by a young, rather intelligent youngster. His paper was years ahead of his experience and—well, maybe sometime it will be O. K., but those who had practised a few years knew better. The members refused to discuss the paper. It was beyond them. There was no question about it. It was beyond me, but I was curious and asked a few questions. The essayist blushed and stammered. Then some one back of the inquisitor said, "Do you know who that man is? He is the Professor of ——— in the ——— College of Dental Surgery," naming an inferior western college. This story may be rather out of line, but leads to this point: Out in this great and glorious west we need men who are educated as dentists. Raise the standard of education and we raise the standard of the quality of the dentist. Raise the quality of the dentist, and then we will get the kind of stuff to read that will be beneficial.

R. T. N.

"IS IT A CASE OF NERVES OR SOMETHING ELSE?"

Editor DENTAL DIGEST:

About a year ago a lady came to my office saying that she was troubled with a sore tongue, caused by a bridge extending from right lower second bicuspid to second molar. Both abutments were gold as was also the dummy which had an ordinary facing. Bridge had been in place about a year and patient first noticed soreness of tongue about two or three months after work was completed, stating that there seemed to be a stinging sensation along the side of that organ.

I could see no lesion whatever and all conditions seemed normal, except perhaps that the facing was ground to fit the gums so closely as to make a closed pocket in which food would collect and could not be easily cleaned out. Lingual articulation of bridge was poor, as quite a space existed between metal and upper teeth. Patient stated that quite a little relief was obtained by placing a piece of gum between upper teeth and bridge. Patient is extremely nervous, takes medicine almost constantly (valerian, principally) and thinks about herself and her troubles much of the time. Several large silver fillings articulated with the gold, and the latter appeared like the "Roman gold finish," the polish being entirely gone. This was also true of several gold fillings and some other bridge work. However, I thought the difficulty could be solved by making a new bridge with perfect articulation and leaving a space under the dummy so that the pocket could be cleaned thoroughly by passing tape through. This I did and the conditions improved, but still the trouble exists to some extent, being worse on some days than others. Silver fillings mentioned retain a very high polish constantly, though they are a number of years old. After leaving bridge undisturbed for a day, a dark deposit, which is quite noticeable, may be obtained by rubbing with a cloth. Bridge contains nothing less than 18k solder and deposit occurs equally as much on 24k surfaces.

If a process of electrolysis is causing the trouble I think I can solve the problem. The question is: "Is it that or a case of "nerves," or something else? I would appreciate the opinions of other members of the profession.

F. W. M.

Editor DENTAL DIGEST:

I have had good success from distribution of pamphlets and booklets of different sorts in my practice, but am always on the lookout for something better. Thought probably some of your subscribers might exchange with me. If so, please address

Box 202, Mt. Carmel, Ill.

PRACTICAL HINTS

[This department is in charge of Dr. V. C. Smedley, 604 California Bldg., Denver, Colo. To avoid unnecessary delay, Hints, Questions and Answers should be sent direct to him.]*

USE OF PRESTO-LITE TORCH IN CASTING.—Every dentist practising in towns without natural or artificial gas, should use a Presto-lite torch for casting and soldering. The safety, economy, convenience and efficiency of same will soon convince one of its value in laboratory work. Same can be obtained at any garage or auto supply company at a nominal cost.—W. T. CLARK, D.D.S., Fowler, Indiana.

OBTAINING A SMOOTH CAST.—I was taught to use a fine camel-hair brush to paint the investment onto the wax model; I notice another writer says to wind a few fibers of cotton on a tooth pick. Here is something still better: Throw away your cotton and brushes, dip the model in the investment, then blow it off with the breath. Repeat two or three times and you will get a perfectly smooth cast.—E. W. FELLERS, D.D.S., Beatrice, Neb.

METHOD OF MAKING OPEN-FACE CROWN—INDICATED SPECIALLY IN LOWER CUSPIDS.—After having paralleled the approximal walls, take wire measurement, make gold ferule and fit on tooth in mouth; cut out front and back and adapt close to tooth. Take modelling compound impression, pour with inlay investment in crown, balance in plaster. When hard, separate. Now build up back and restore contour with inlay wax. Break tooth off of model, adjust sprue, invest and cast. Flow 22 carat solder to joint. This restores the tooth to its original contour and makes a strong and serviceable crown for a bridge anchorage.—FRANK B. JAHR, D.D.S., Kansas City, Mo.

REPAIRING PORCELAIN TEETH.—Broken porcelain teeth may be satisfactorily repaired with Sartorius Cement, which is sold at art stores for the purpose of repairing broken china. It comes as a powder mixed with water to a creamy consistency, painted on the fractured surfaces, which are then fitted carefully together and the whole placed

* In order to make this department as live, entertaining and helpful as possible, questions and answers, as well as hints of a practical nature, are solicited.

"IS IT A CASE OF NERVES OR SOMETHING ELSE?"

Editor DENTAL DIGEST:

About a year ago a lady came to my office saying that she was troubled with a sore tongue, caused by a bridge extending from right lower second bicuspid to second molar. Both abutments were gold as was also the dummy which had an ordinary facing. Bridge had been in place about a year and patient first noticed soreness of tongue about two or three months after work was completed, stating that there seemed to be a stinging sensation along the side of that organ.

I could see no lesion whatever and all conditions seemed normal, except perhaps that the facing was ground to fit the gums so closely as to make a closed pocket in which food would collect and could not be easily cleaned out. Lingual articulation of bridge was poor, as quite a space existed between metal and upper teeth. Patient stated that quite a little relief was obtained by placing a piece of gum between upper teeth and bridge. Patient is extremely nervous, takes medicine almost constantly (valerian, principally) and thinks about herself and her troubles much of the time. Several large silver fillings articulated with the gold, and the latter appeared like the "Roman gold finish," the polish being entirely gone. This was also true of several gold fillings and some other bridge work. However, I thought the difficulty could be solved by making a new bridge with perfect articulation and leaving a space under the dummy so that the pocket could be cleaned thoroughly by passing tape through. This I did and the conditions improved, but still the trouble exists to some extent, being worse on some days than others. Silver fillings mentioned retain a very high polish constantly, though they are a number of years old. After leaving bridge undisturbed for a day, a dark deposit, which is quite noticeable, may be obtained by rubbing with a cloth. Bridge contains nothing less than 18k solder and deposit occurs equally as much on 24k surfaces.

If a process of electrolysis is causing the trouble I think I can solve the problem. The question is: "Is it that or a case of "nerves," or something else? I would appreciate the opinions of other members of the profession.

F. W. M.

Editor DENTAL DIGEST:

I have had good success from distribution of pamphlets and booklets of different sorts in my practice, but am always on the lookout for something better. Thought probably some of your subscribers might exchange with me. If so, please address

Box 202, Mt. Carmel, Ill.

PRACTICAL HINTS

[This department is in charge of Dr. V. C. Smedley, 604 California Bldg., Denver, Colo. To avoid unnecessary delay, Hints, Questions and Answers should be sent direct to him.]*

USE OF PRESTO-LITE TORCH IN CASTING.—Every dentist practising in towns without natural or artificial gas, should use a Presto-lite torch for casting and soldering. The safety, economy, convenience and efficiency of same will soon convince one of its value in laboratory work. Same can be obtained at any garage or auto supply company at a nominal cost.—W. T. CLARK, D.D.S., Fowler, Indiana.

OBTAINING A SMOOTH CAST.—I was taught to use a fine camel-hair brush to paint the investment onto the wax model; I notice another writer says to wind a few fibers of cotton on a tooth pick. Here is something still better: Throw away your cotton and brushes, dip the model in the investment, then blow it off with the breath. Repeat two or three times and you will get a perfectly smooth cast.—E. W. FELLERS, D.D.S., Beatrice, Neb.

METHOD OF MAKING OPEN-FACE CROWN—INDICATED SPECIALLY IN LOWER CUSPIDS.—After having paralleled the approximal walls, take wire measurement, make gold ferule and fit on tooth in mouth; cut out front and back and adapt close to tooth. Take modelling compound impression, pour with inlay investment in crown, balance in plaster. When hard, separate. Now build up back and restore contour with inlay wax. Break tooth off of model, adjust sprue, invest and cast. Flow 22 carat solder to joint. This restores the tooth to its original contour and makes a strong and serviceable crown for a bridge anchorage.—FRANK B. JAHR, D.D.S., Kansas City, Mo.

REPAIRING PORCELAIN TEETH.—Broken porcelain teeth may be satisfactorily repaired with Sartorius Cement, which is sold at art stores for the purpose of repairing broken china. It comes as a powder mixed with water to a creamy consistency, painted on the fractured surfaces, which are then fitted carefully together and the whole placed

* In order to make this department as live, entertaining and helpful as possible, questions and answers, as well as hints of a practical nature, are solicited.

in a porcelain oven and brought slowly to a cherry red heat. After tooth has been allowed to cool slowly you will find that under sufficient force to cause another fracture, it is just as apt to break in a new place as through the cement.—V. C. Smedley, D.D.S., Denver, Colo.

QUESTIONS AND ANSWERS

Editor Practical Hints:

I would suggest to C. C. H. (April Digest, page 230) that he will do better if he use a 60 per cent. alcohol in root canals. With the absolute alcohol he can actually take away too much of the moisture from the root.—H. L. W., Canton, Ill.

Editor Practical Hints:

In answer to C. C. H., I will say I seldom use the rubber dam for anything except gold foil fillings, as it often causes nausea, and I know that many patients who have had experience with the rubber dam dread it as much as any other dental operation; this is reason enough why it should be avoided when possible. The cotton rolls properly used will keep a tooth dry long enough for any treatment.—S. A. Hansen, D.D.S., Adams, Neb.

Editor Practical Hints:

In reply to C. C. H. permit me to say the following: Besides the disadvantage indicated by Dr. Victor C. Smedley, the dam occupies very valuable space, is disagreeable to the patient, consumes time (which may be desirable if working by the hour) and acts as a constant irritant, producing a greater flow of saliva, a nuisance to the patient and a decided pest to the operator. Of course, there are some big guns who say they always, without a question, use the rubber dam for all operations, without exceptions. "I'm from Missouri." I would suggest to C. C. H. that he need have no anxiety about having discarded the rubber dam. Bear in mind that the saliva is viscid, charged with air bubbles and that the root canals are small, and orifices are generally clogged. Therefore the rubber dam is of little value in upper teeth—"water runs down hill." It is with extreme difficulty that saliva will enter a small canal filled with much débris. Were the canal perfectly clean and opened wide, the air in the canal would have to be forced out to admit moisture. The air acts as a cushion and keeps the saliva out. A small vial partially filled with water when shaken will often separate the water into several parts and be kept from running together by the

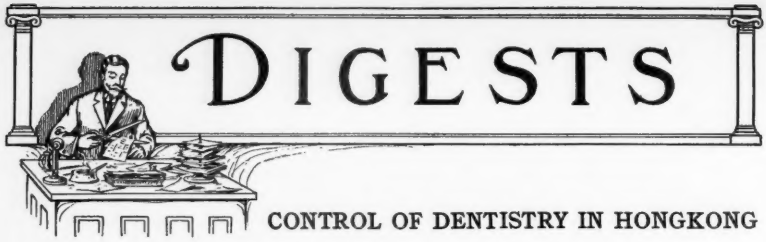
air bubbles interposed. Fear not the damage that may be caused by capillary attraction. This phenomenon itself is a very slow process and becomes slower as the saliva becomes more viscid. The very viscidity of the saliva is a virtue. It will often form a film over the orifice of the cavity and prevent moisture from seeping into the canals. This is equally true of lower teeth, except that gravity makes saliva flow downward. Use cotton rolls and use more than plenty.

After the nerve is out, ream open the canals with Kerr universal broaches charged with 50 per cent. sulphuric acid. Counteract this by flooding the pulp chambers with a solution of sodium bicarbonate, forcing some of the solution into the canals with a barbed broach. The gases generated will cause no trouble beyond the apex. Flush the pulp chamber with warm water directed with force from a syringe. Dry cavity with bibulous paper. It is more absorbent than cotton. Dry canals with a wisp of the paper wrapped about the smooth broach. Sterilize canals with absolute alcohol brought there on cotton on broach. Dry canals and pulp chamber again as suggested. Fill canals with gutta-percha points—fine and colored. Several fine points in a canal make a better root filling than one large one. The first point is well and deeply seated, the second not so deep but firmly inserted, the third again not so deep but also well wedged. Thus you get a more compact mass of gutta-percha well approximating the canal and using a minimum of the root-filling adjunct. The extending ends are seared off with a well-heated ball burnisher of proper size. The sides of a single large point are often apt to wedge against the orifice of the canal, thereby preventing the point from getting to the apex and if ever so little force is used the point bends and is utterly useless. Thus the canal is apt to be but one third filled, if filled at all.

I pack the pulp chamber full and tight with pure *tin* foil. Tin foil has decided antiseptic properties which is a recommendation in itself. In case of future trouble the canals can be readily reached after the filling is removed by picking off the tinfoil, whereupon the colored gutta-percha points become a most welcome guide.

I assure you, Dr. Smedley, that I have followed this method for the past five years most religiously, and have nothing to regret. It does take a little more time. "A thing worth doing," etc.—Joseph Zametkin, D.D.S., Brooklyn, N. Y.

[It is a great surprise to me that of all the comments received on the subject of the rubber dam, not one takes serious exception to my remarks condemning it, and this in spite of the fact that untold hours in schools and numberless pages in journals and books are devoted to preaching and teaching its use.—V. C. Smedley.]



CONTROL OF DENTISTRY IN HONGKONG

(Consul-General George E. Anderson, Hongkong.)

For the first time in its history Hongkong is establishing legal restrictions upon the practice of dentistry in the colony. The legislative council has unanimously passed a bill designed to prevent persons other than Chinese from holding themselves out as properly qualified practitioners without the necessary training. A "Register of Dental Surgeons" is provided, enrollment on which will be permitted under regulations to be prescribed by the Government and which, it is understood, will require examination or the presentation of a diploma from a recognized dental school. The register shall be published annually in the *Gazette*, and shall contain the names of all persons qualified to perform dental operations.

In order to protect the rights of any persons who may by long practice have acquired suitable proficiency in the subject without definite academic degree, the bill enables certificates of exemption to be granted to such persons which will enable them to continue to earn their living in the preamble to the bill setting forth the position of the colonial government in the matter that it seems impossible to interfere with the practice of dentistry by Chinese persons, in view of the many thousands of persons in the colony who are not able to afford payment for the services of those qualified professional men whose names would appear on the register, nor does it seem reasonably possible to suppose that there is at present or is likely to be in the immediate future a sufficient number of properly qualified dentists to meet the wants of a large part of the inhabitants of the colony. For this reason the bill provides that it shall be lawful for Chinese persons to practice dentistry without registration. Apart from the above limitations, it is laid down in the bill that no person other than a registered dental surgeon or exempted person shall in any way whatsoever hold himself out or offer his services as a dental surgeon, doctor, or under any other misleading appellation or title which would indicate that he is licensed or authorized or qualified in any way to perform dental operations. This restriction is of course applicable to all persons (except professional medical men) who are not on the register as dental

surgeons or exempted persons. The penalty for contravention of this prohibition against the use of misleading titles by unqualified persons is a heavy fine and the possibility of imprisonment.

ANTICIPATED INFLUENCE ON THE FAR EAST.

This legislation is of more than local importance, since it is likely to mark the beginning of more satisfactory control of such matters in Chinese ports and the Far East generally. It is of special interest to American schools, since most of the properly qualified dentists practising in this part of the world are American trained. The practice of dentistry in the Far East has been undergoing a marked change in the past few years. Until quite recently there were comparatively few foreign or modern trained practitioners, most of them being Americans and most of them having large and lucrative practices. On the other hand, the native population has been cared for by its native dentists, usually native doctors, who treated their dental ailments in the manner they have been treated for centuries in China. Gradually, however, a middle class of practitioners has been developed, which is composed largely of Chinese "boys," or attendants, who have been employed by foreign dentists as assistants and who in some cases have been given considerable technical training by the practitioners employing them, and also composed to some extent of foreign-trained Chinese and Japanese trained in local offices and in some cases by dental schools in Japan. Many of this latter class have held themselves out as properly qualified to practise in a modern way and have attracted mone or less patronage from foreigners, since charges for their work have been far below those obtained by reputable foreign practitioners. The result has been several cases of malpractice, and these and the resulting agitation have led the colonial government to undertake to control practice of the profession within the limits noted.—*Daily Consular and Trade Reports.*

DENTAL CLINICS UNDER STOCKHOLM PLAN URGED*

TWO MINNEAPOLIS DENTISTS SEE A SOLUTION OF THE LOCAL SITUATION.

A free dental clinic operated under the Stockholm, Sweden, plan, in charge of an expert and aided by service of the best men of the profession, is proposed by Dr. S. A. Wright, 535 Syndicate Building, as most feasible for installing dental clinics in Minneapolis. Dr. Wright was for several years honorary demonstrator of operative and surgical

* Courtesy A. L. H. Street, St. Paul, Minn.

dentistry at the Northwestern University and has studied conditions of free clinics in most of the capitals of Europe. The free clinic for treating teeth of children of the poor, he said, was the best means of checking increasing inefficiency in scholarship of the public schools.

Dr. Wright advises the city to adopt the plan which has been working successfully in Stockholm for many years and declares that the best men of the profession are more than willing to lend their services in building up in the city a model clinic limited in its practice to persons unable to pay for the service.

CENTRAL BUILDING.

A central building equipped with the best appliances and material and in charge of the best men obtainable, according to the plan, is the first step toward a dental clinic to serve the citizenship which most needs it. This equipment, made an adjunct to the city health department and directed in the same manner as the surgery clinics of the medical college of the university, will, according to Dr. Wright, attract the very best men in the city to aid in carrying on the scheme.

"In Stockholm the best dentists are practitioners in the city dental clinic," said Dr. Wright. "The scheme there is practically the same as is practised in this city with reference to the surgery clinic at the university. Every man is proud of the distinction brought by his association with the department.

"This plan will fully equip a dental clinic with medical inspection. It will obtain the most skillful dentists to properly diagnose some dental fault and to remedy the defects which result in deformed jaws, irregular teeth, occluded nasal passages, infected tonsils, poor digestion and ill-nourished bodies.

LIMITED TO POOR CHILDREN.

"Appropriations for free medical and dental treatment should be strictly limited to children of the poor. It should be provided at public expense and care should be taken to warn parents of dangers following their children's welfare. The clinic should be established in a downtown district with modern and sanitary equipment.

"No child should be forced to treatment by inexperienced students, but at such a critical time the very best dental skill should be obtained. In New York State in 1912 a little more than three-fourths of all the school children examined needed attention of dentists. The medical report in this city shows that more than 50 per cent. of the inefficiency and lack of scholarship is due to bad teeth and attending disorders which would be overcome by skilled attention at the right time.

"With the head of the clinic selected for his qualification and paid for all his time, the best men of the Minneapolis Dental Society would be glad to serve free certain days for the good of the public welfare.

SUPERINTENDENT PAID BY THE CITY.

"The Stockholm clinic is run on the above plan. The superintendent devotes all his time and is paid by the city for his services. It is considered an honor by members of the profession to be called on to give a part of their time to the clinic. Thousands of the poor are treated and made well for their school duties."

Dr. J. T. Carpenter, 216 Hulet block, is another supporter of the free dental clinic. He advocates a plan similar to that of Dr. Wright and declares that a large majority of the profession is in sympathy with the scheme.

"Free clinics for the poor is the greatest need of the city," declared Dr. Carpenter. "Children in the schools need the services of a dentist more than they do a physician or occulist. A survey of the causes of delinquency and retardation of pupils in the schools shows that more than 50 per cent. are suffering from bad teeth which is the direct cause of many disorders of the system, preventing the child from being normal, either in class or on the playground.

"The Minneapolis Dental Association, I am sure, will support any reasonable plan to establish such a clinic."—*Minneapolis Tribune,* March 17, 1914.

WHY BETTER TEETH MEAN MORE WORK FOR THE DENTISTS*

At last the dentist is to cease being a mere tooth-carpenter and, like the doctor become a real scientist. He is to have his laboratory for research and like the physician engage in national campaigns of education and reform. The start of all this has been made in Cleveland, Ohio.

Physicians force people to keep reasonably clean, report contagious diseases, and take no end of general precautions against sickness. They do this by inducing the passage of laws and ordinances and by the authority of the boards of health. But they do even more by teaching people how the mosquito spreads malaria and the fly gives us typhoid.

To give people an object lesson of what a clean, healthy mouth means to a person in health, happiness, and even earning capacity, a

* Courtesy F. M. Whittemore.

school was experimented upon. The children of the Marion School, of Cleveland, were examined thoroughly. Not merely their teeth, but their general health, their mental ability and even their morals were carefully noted. Various photographs were made of each child.

Then a dentist placed the mouths of the children in proper condition. This meant not merely filling their teeth, but in many cases regulating them so that they could bite properly. Even this was not all. A child's mouth once put in order promptly gets out of order again unless it is drilled in the use of the toothbrush. Besides this, the experimenters went so far as to teach the children how to chew their food. They sent pamphlets home to the parents, advising them what foods clean the teeth and what do not.

The result of this campaign was a gain in weight, health, intelligence and deportment. Headaches and eye-strain disappeared in many cases, and the rate of progress of the entire school was quickened.

If dentists teach people proper care of the teeth it is expected to result in more business, instead of less, for the dentists. People who do not use a toothbrush do not go to the dentist except to have a tooth pulled. A person sufficiently interested in his mouth to take care of his teeth soon becomes anxious to repair the damage of his past neglect, and the dentist has a new patient.—*New York American.*

HEALTH AUTHORITIES SHOULD LOOK INTO UNSANITARY DENTAL PARLORS

PROMPT ACTION ESSENTIAL.

If the newspapers keep this up, they can drive this type of office out of business.—EDITOR.

A woman, frail with the ravages of consumption, staggered from a dental chair, a trickle of blood showing at the corner of her mouth. A young man, full of health and vigor, takes her place in the chair.

The dentist, a young man, callous from overwork and small pay, takes the infected instruments he has just used and explores the mouth of the occupant of the chair. Disgusting? The word fails to express one's opinion of the proceeding. Unbelievable? The thing may happen a hundred times a day.

True it is, that never before were so many precautions taken to preserve the health of the people as now; yet nevertheless, many of the cheaper dental parlors are conducted to-day with a criminal lack of sanitary methods. Many of these so-called dental parlors bear the same relation to real dentistry that the stores, denounced so frequently

in the *Home News*, bear to legitimate dry goods business. Like the stores, these parlors are often the property of one man, who works two or more of them under high sounding names.

The *Home News* representative, in order to observe the working of the "Dental Parlors," visited one of the most prominent of these.

DISGRACEFUL CONDITIONS.

A short flight of steps brought the visitor to the "parlors." These consisted of three rooms all connecting, and badly in need of a thorough cleaning. A colored man was engaged in sweeping the place at the time of the *Home News* man's visit, but no attempt was made to cover the instruments, which lay exposed on the tables nearby.

Three or four patients were in the room awaiting treatment. Although there were three dental chairs and tables there was but one dentist to attend visitors.

When a patient had been treated, another at once took his or her place and the overworked young dentist immediately set to work on the new occupant.

No attempt was made to sterilize the instruments after they had been used on a patient, even the simplest washing in plain water being dispensed with.

The *Home News* man, who had been noting the facts mentioned, then took his place in the chair. The dentist left the room for a moment. On the table near the chair lay the instruments, nearly all showing signs of hard usage. The plating was completely gone from many of them and all carried visible signs of their busy morning's work. The drills and broaches were full of decayed tooth pulp.

The reflector, which is almost constantly in use, was in a particularly filthy condition. The back of this instrument was incrusted with accumulated matter, and even the glass was covered with it.

The *Home News* man called the attention of the attendant to this and the reflector was washed.

Altogether, the reporter paid nine visits to the "parlors" and at no time was any attempt visible toward sanitation or even a simple washing of the instruments.

DISEASE TRANSMITTORS.

It does not need much of an imagination to realize the dangerous nature of "Dental Parlors" of this type. Not only do patrons of these places invite infection from tuberculous patients, but other and more revolting diseases may be transmitted through the criminal carelessness of the owners of these places.

The poorly paid and overworked young dentist, who hires himself out to the owners of these parlors, is not to blame. He has not the time, even if he wished, to disinfect the instruments after each operation. The man really to blame is the greedy and often crooked owner, who thinks it a waste of his precious money to spend a portion of it in safeguarding the health of his patrons.

The Board of Health should make a thorough investigation of these places and bring to justice the conscienceless owners, who endanger the life of every person who has the temerity to visit their filthy rooms.—*The Bronx Home News.*

HOW YOU WILL MISS YOUR TEETH

Not so very long ago while dentists were getting skilled in making and fitting artificial teeth, it was a common thing to say: "I am sick of bothering with my teeth, I guess I will have them out and have a new set."

Now a set of artificial teeth have their place, but they will never do work equal to the natural teeth. People are finding this out and now the idea is to keep the old teeth as long as possible, to keep them in repair, to stop their decay.

Here are some notes about teeth.

Do not expect dental operations to last a lifetime. Autos require repair constantly, so do teeth.

Patients willingly pay for renewal of clothing; why not pay the dentist, not grudgingly but willingly, gladly, for so important a feature of your well being, your mouth and teeth, the portal of your very existence?

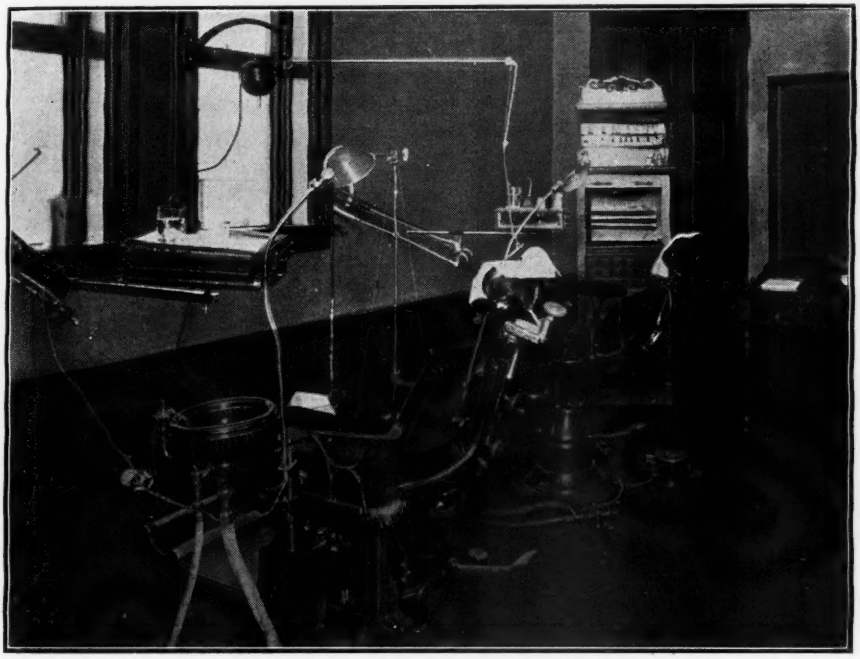
Every dental bill is high. Why? Because your nails are renewed and your teeth not. That is not the fault of the dentist; don't blame him, pay him.—*Healthy Home.*

TEETH

Once at least every year you should have your horse's teeth examined by a competent veterinarian. We are constantly coming upon horses that look badly nourished, thin, dejected, when the trouble is with the teeth. The poor animal cannot chew properly his grain. In many cases the jagged edges of the teeth lacerate the inside of the mouth. Remember these voiceless creatures cannot tell you their troubles. Not a few of them they must bear in silence. It is for you to find out if anything is wrong, and to prevent all possible suffering. But don't think that any blacksmith is good enough dentist to care for your horse's teeth.—F. H. R., *Our Dumb Animals.*

SCHOOL DENTAL CLINIC

The free dental clinic for school children, located in the Longfellow school, at Thirteenth and Welton streets, Denver, which had been maintained for a year and a half by the dentists of Denver, was made a part of the city's school system the first week in October. The Denver Dental Association donated the equipment to the School Board.



Operating Room in the School Dental Clinic at Longfellow School

All kinds of substantial dental services are given, excepting work requiring the use of gold. Toothbrushes are sold to the school children for seven cents each. The present equipment permits of caring for, approximately, two hundred patients each month. Last year 2,073 children were treated.—*The City of Denver.*

In casting gold, what is left gets very hard and does not flow easily the next time. How remedy this?

"A Northwest Dentist."

BOOK REVIEWS

DISEASES OF THE HEART. By JOHN COWAN, D.Sc., M.D., F.R.F.P.S., Professor of Medicine, Anderson's College Medical School; Physician, Royal Infirmary; Lecturer in Clinical Medicine in the University of Glasgow; Examiner in Medicine, Royal Army Medical College. Octavo, 458 pages, with 199 illustrations. Cloth, $4.00 net. Lea & Febiger, Publishers, Philadelphia and New York, 1914.

This work, while intended almost exclusively for the medical profession, cannot help but be of great interest to many besides.

During the past ten years or more very great progress has been made in the knowledge of diseases of the heart, especially of the arteries. The Röntgen rays, the electro-cardiograph, the sphygmomanometer and the polygraph have thrown light upon these grave diseases, and many questions heretofore unsolved are now made plain to the practitioner. The author has endeavored to review this subject "in the light of these recent advances, and to present to the practitioner the results which have been attained, and their bearing upon the practical work of *diagnosis, prognosis* and *treatment.*" Much of the matter given by the author is from personal experience.

The book is divided into twenty-nine chapters, twenty-seven of which have been ably written by Dr. Cowan. Chapter IV, "The Ocular Manifestations in Arterio-sclerosis," is contributed by Dr. Arthur J. Ballantyne; Chapter VII, "The Electro-cardiograph," is contributed by Dr. W. T. Ritchie; both of these are men of high authority on these subjects.

Most of the illustrations, which are excellent, are original. The polygraph tracings, with one exception, are from Dr. Cowan's own collection.

The volume is certainly worthy of a prominent place on the library shelves. The publishers have done their part; the type is clear, which makes pleasant reading; the book well bound. A most excellent Index is to be found at end of the volume.

PREVENTIVE DENTISTRY. By J. S. ENGS, D.D.S., Oakland, Cal. 1914.

This little book has been sent to us and we are happy to say a word in its praise.

In the words of the author—"this little booklet was gotten up in the hope that it might help to insure better teeth to coming generations, and more especially that children of to-day may be furnished with an additional means to check decay of their teeth, so that they may not be irreparably lost."

Dr. Engs believes, with many others, that the dentistry of the future will be practised along preventive lines, and in this little book he endeavors to give a diet that will largely assist in doing away with much of the fillings, bridge work, etc., of the present day. The author's experience with child feeding and his observation of faulty diet and its consequences in causing tooth decay has instigated him to write this book.

There are suggestions and recommendations on the feeding of children and adults which are quite valuable if carefully followed. We particularly call to notice the Diet for Sufferers from Nervous Breakdown. This diet, if persistently continued, will be of much service.*

We are pleased to recommend Dr. Engs' book, which is published by the author.

SOCIETY NOTES

FLORIDA.

The next meeting of the Florida State Dental Society will be held July 1-3, 1914, at Atlanta Beach, Fla.—ALICE P. BUTLER, Gainesville, *Corresponding Secretary.*

ILLINOIS.

The next meeting of the National Association of Dental Examiners will be held at the Rochester Hotel, Chicago, Ill., July 6, 1914.—T. A. BROADBENT, 15 Washington St., Chicago, Ill., *Secretary.*

MINNESOTA.

The next meeting of the Minnesota State Dental Association will be held August 6-8, 1914, at Duluth.—BENJAMIN SANDY, Syndicate Building, Minneapolis, *Secretary.*

NEW JERSEY.

The next meeting of the New Jersey State Dental Association will be held July 15-18, 1914, in North End Hotel, Ocean Grove, N. J.—JOHN C. FORSYTH, Trenton, *Secretary.*

NEW YORK.

The next meeting of the National Dental Association will be held at Rochester, N. Y., July 7-10, 1914.—HOMER C. BROWN, *President;* OTTO U. KING, Huntington, Ind., *Secretary.*

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* The writer has seen a young girl, suffering from excessive nervousness and lack of appetite, brought to almost perfect health from drinking a large glass of pure cream in the middle of the day for a period of six months.

NORTH DAKOTA.

The next meeting of the North Dakota Board of Dental Examiners will be held at Fargo, N. Dakota, July 13-16, 1914.—F. A. BRICKER, Fargo, *Secretary.*

NORTHERN INDIANA.

The next meeting of the Northern Indiana Dental Society will be held August 28-29, 1914, at Culver, Ind.—A. VAN KIRK, *Secretary.*

VIRGINIA.

The next meeting of the Virginia State Dental Society will be held at Old Point Comfort, Va., July 1-3, 1914.—C. B. GIFFORD, *Corresponding Secretary.*

WEST VIRGINIA.

The next meeting of the West Virginia Dental Society will be held August 12-14, 1914, at Huntington, W. Va.—A. C. PLANT, 802 Schmulbach Bldg., Wheeling, W. Va., *Secretary.*

WISCONSIN.

The next meeting of the Wisconsin State Dental Society will be held at Fond-du-lac, July 14-16, 1914.—O. G. KRAUSE, Wells Bldg., Milwaukee, Wis., *Secretary.*

NATIONAL DENTAL ASSOCIATION.

Rochester, July 7, 8, 9 and 10, 1914.

The House of Delegates will hold its First Session Monday, July 6th; the First General Session Tuesday, July 7th, at 11 A.M.; the Second General Session in Convention Hall at 8 P.M., Tuesday.

For further information regarding program, etc., of this meeting see June DIGEST, pages 361 and 362, and pages 12 and 13 advertising section.

SIXTH INTERNATIONAL DENTAL CONGRESS, 1914.

London, August 3 to 8, 1914.

PATRON: HIS MAJESTY THE KING.

The Sixth International Dental Congress will be held in London from August 3 to 8, 1914, under the Patronage of His Majesty King George V and at the invitation of the British Dental Association.

Invitations have been issued to dental societies and organizations throughout the world, and steps have been taken to secure as Reporters or Introducers of discussions in the ten Sections of the Congress the co-operation of leading specialists and representative authorities in all branches of dental surgery.

The International Dental Congress Museum is intended to be representative of every Section of the Congress. Mr. A. Hopewell-Smith is Chairman of the Committee, and Mr. F. N. Doubleday is the Hon. General Secretary.

ADDRESSES.

Dr. H. J. Burkhart, Batavia, New York, to deliver the address on behalf of the National Dental Association at the opening session.

Dr. Edward C. Kirk, Philadelphia, Pa. Address before the general session, the afternoon session of the opening day, "The Tendencies in Dental Education."

REPORTERS.

Section 1—Dental Anatomy, Histology and Physiology.

"The Evolution of the Human Dentition".....Dr. I. N. Broomell, Philadelphia, Pa.

"Calcification".....Dr. A. R. Starr, New York City, N. Y.

"Chemistry and Physiology of Saliva".....Dr. Edward C. Kirk, Philadelphia, Pa.

Section 2—Dental Pathology and Bacteriology.

"The Etiology of Dental Caries".....Dr. B. Holly Smith, Baltimore, Md.
"The Etiology and Pathology of 'Pyorrhœa Alveolaris,'"
Dr. Percy R. Howe, Boston, Mass.
"Pathological Conditions of the Dental Pulp"..Dr. R. W. Bunting, Ann Arbor, Mich.
"The Pathology of the Antrum".....Dr. Chas. H. Oakman, Detroit, Mich.

Section 3—Dental Surgery and Therapeutics.

"Inflammatory Disease of the Gingival Margin and Periodontal Membrane (Pyorrhœa Alveolaris)".....Dr. T. Sidney Smith, Palo Alto, Cal.
"Restorations of Lost Portions of Tooth Substance by Inlaying,"
Dr. R. Ottolengui, New York City, N. Y.
"Oral Sepsis in Relation to General Disease".....Dr. C. N. Johnson, Chicago, Ill.
"The Prevention of Oral Sepsis by Treatment,"
Dr. J. D. Patterson, Kansas City, Mo.

Section 4—Dental Physics, Radiography and Metallurgy.

"The Uses and Advantages of X-Rays as an Aid to Diagnosis, Including the Differentiation of the Radiography Appearances of Normal and Abnormal Tissue,"
Dr. Howard R. Raper, Indianapolis, Ind.
"The Structural and Other Changes Arising in Connection with Metals Used in the Mouth".....Dr. Clarence J. Grieves, Baltimore, Md.
"The Theory and Practice of Pressure Casting"..Dr. Weston A. Price, Cleveland, O.

Section 5—Dental Prosthesis.

"Articulation and Articulators".....Dr. J. H. Prothero, Chicago, Ill.
"Design and Retention of Partial Dentures".....Dr. H. J. Goslee, Chicago, Ill.

Section 7—Oral Surgery and Surgical Prosthesis.

"The Late Results of Cleft Palate Operations"..Dr. Truman W. Brophy, Chicago, Ill.
"The Treatment of Dental and Dentigerous Cysts,"
Dr. Wm. Carr, New York City, N. Y.
"Surgical Prosthesis of the Jaws".....Dr. M. C. Smith, Lynn, Mass.

Section 8—Anesthesia: General and Local.

"Gas and Oxygen, Alone in Mixture and in Sequence for the Extraction Operation".....Dr. Chas. K. Teter, Cleveland, Ohio.
"Gas and Oxygen Analgesia for Conservative Operations,"
Dr. Thos. B. Hartzell, Minneapolis, Minn.
"Local Anesthesia with Special Reference to (a) Methods, (b) Drugs, (c) Sphere of Usefulness, (d) Contra-indications and Dangers,"
Dr. Eugene R. Warner, Denver, Colo.

Section 9—Oral Hygiene, Public Instruction and Public Dental Service.

"The Effects of Dental Treatment on National Health and Physique,"
Dr. Herbert L. Wheeler, New York City, N. Y.
"Prophylaxis at Different Ages".....Dr. A. R. Melendy, Knoxville, Tenn.
"Lantern Demonstration of Slides Showing Means of Affording Public Instruction in Dental Hygiene".....Dr. Wm. A. White, Phelps, N. Y.

Section 10—Dental Education.

"Methods of Teaching Orthodontics to Dental Students,"
Dr. S. H. Guilford, Philadelphia, Pa.

The following have been selected as Honorary Presidents of the Sections:

Section I.—Dental Anatomy, Histology and Physiology,
Dr. M. H. Cryer, Philadelphia, Pa.
Section II.—Dental Pathology and Bacteriology,
Dr. Thos. B. Hartzell, Minneapolis, Minn.

Section III.—Dental Surgery and Therapeutics,
Dr. Edward S. Gaylord, New Haven, Conn.
Section IV.—Dental Physics, Radiography and Metallurgy,
Dr. J. P. Buckley, Chicago, Ill.
Section V.—Dental Prosthesis.....Dr. D. O. M. LeCron, London, England
Section VI.—Orthodontics.....Dr. Roscoe A. Day, San Francisco, Cal.
Section VII.—Oral Surgery and Surgical Prosthesis,
Dr. J. D. Patterson, Kansas City, Mo.
Section VIII.—Anesthesia: General and Local....Dr. Thos. P. Hinman, Atlanta, Ga.
Section IX.—Oral Hygiene, Public Instruction and Public Dental Services,
Dr. Herbert L. Wheeler, New York City
Section X.—Dental Education.....Dr. Henry W. Morgan, Nashville, Tenn.

The committee invite the ethical members of the profession of the U. S. A. to become members of the Congress. Membership, which includes admission to the Congress sessions and a copy of the proceedings is $7.50, and for members of their families accompanying them $3.75.

Dr. Herbert L. Wheeler, 560 Fifth Avenue, New York City, has been appointed by the committee to arrange for steamship rates, sailing dates, itinerary, etc.

TRUMAN W. BROPHY, *Chairman*,
WILLIAM CARR,
S. H. GUILFORD,
WALDO E. BOARDMAN,
Committee.

BURTON LEE THORPE, *Secretary*,
3605 Lindell Blvd., St. Louis, Mo.

THE NAVAL DENTAL CORPS.

For the general information of the dental profession and those who may desire to enter the Dental Corps of the United States Navy, I desire to state that the Act of August 22, 1912 (Naval Appropriation Bill making appropriations for the Navy for the ensuing year), contained a provision authorizing a Dental Corps for the Navy.

In addition to the dental corps to consist of thirty acting assistant or assistant dental surgeons the age of whom on appointment must be between 24 and 32 years of age, provision was made for a limited number as acting assistant dental surgeons for temporary service.

Upon successfully passing the examination for appointment as Assistant Dental Surgeon, the candidate receives a commission, being nominated by the President and confirmed in the Senate in the same manner as other commissioned officers of the Navy.

Officers of the Dental Corps have the rank of lieutenant (junior grade) and are entitled to all the military courtesies and consideration that go with that rank and are accorded officers of other branches of the service in a similar grade.

They wear the same uniform as other officers of the Navy, with a designating device distinctive of their corps.

Officers of the Dental Corps receive the pay and allowances of lieutenant (junior grade), namely, $2,000, or $166.66 per month. At the end of each five years active service an increase of 10 per cent. is given until at the end of twenty years the maximum increase of 40 per cent. is received, making $2,800 annually, or $233.33 per month, with a further increase of 10 per cent. when serving at sea or on a foreign station. When on shore duty they are furnished with quarters either in kind, three rooms, or commutation at the rate of $36 per month. An allowance for fuel and light is also provided

The tenure of office in the Dental Corps of the Navy, except in case of Acting Assistant Dental Surgeons appointed for temporary duty only, is for life, unless sooner terminated by removal, resignation, disability, or other casualty.

All officers of the Dental Corps (except temporary appointees) are retired from active service at the age of 64 years, and when so retired (or when retired from active service for disability or other casualty contracted in the line of duty before that age) receive an annual pay for life amounting to three-fourths of the highest pay of their grade at the time of retirement.

Immediately upon official notification of the death of any officer, including dental officers, from wounds or disease not the result of his own misconduct, there will be paid to the widow, children, or dependent relative of such officer, previously designated by him, an amount equal to six months' pay at the rate received by such officer at the date of his death, less $75 to defray the expenses of interment; but the residue, if any, of the amount so reserved will be paid subsequently to the widow or other designated beneficiary.

The physical examination for candidates to the Dental Corps is thorough. A knowledge of the common school branches is required. Credit will be given for knowledge of languages and the sciences, which, however, is not essential.

For further information address the Surgeon General, U. S. N., Navy Department, Washington, D. C.

EMORY A. BRYANT,
A. A. Dental Surgeon, U. S. N.

NATIONAL MOUTH HYGIENE ASSOCIATION.

ANNOUNCEMENT.

A series of illustrated lectures on Mouth Hygiene is being prepared by this Association for rental service.

The first lecture of the series, a talk suitable for a mixed adult audience or school pupils above the age of twelve years (designated as lecture "A"), is now ready.

The lecture set (manuscript and 36 lantern slides) will be furnished to members of state dental societies and others who may be considered as competent to present the matter to the public at a rental fee of one dollar per use.

For further particulars and application blanks, address,

EDWIN N. KENT, D.M.D.,
Director of Extension Lectures,
222 Washington St., Brookline, Mass., U. S. A.

PATENTS

1,078,828, Barber's chair headrest, H. E. Campbell, Bridgewater, Iowa.
1,078,829, Die for forming dental backings, D. H. Carpenter, Minneapolis, Minn.
1,078,844, Artificial tooth, E. B. Fewell, Madison, Ind.
1,076,197, Substitute for gold leaf, F. Demel, London, England.
1,076,534, Dental instrument, F. T. Wallen, Bismark, Mo.:
1,074,761, Tooth brush, D. Weiss, Cleveland, Ohio.
1,077,703, Mold for making dental plates, J. W. Greene, Chillicothe, Mo.
1,077,909, Tooth brush, E. C. Gruehl, Passaic, N. J.
1,077,715, Single delivery toothpick holder, A. B. Hughes, Cedarville, Cal.
1,077,572, Dental engine stone and mandrel, J. W. Welch, Chicago, Ill.
1,079,540, Device for use in connection with the articulation of artificial teeth, G. W. Clapp, New Rochelle, N. Y.
1,079,414, Clamp mouth mirror, I. G. Jirka, Chicago, Ill.

FUTURE EVENTS

July 1, 1914—Idaho State Board of Dental Examiners, State Capitol Building, Boise, Idaho.—A. A. JESSUP, *Secretary.*

July 1-3, 1914—Florida State Dental Society, Atlantic Beach, Fla.—ALICE P. BUTLER, Gainesville, *Corresponding Secretary.*

July 1-3, 1914—Rhode Island Board of Registration in Dentistry, State House, Providence, R. I.—ALBERT E. SEAL, Pawtucket, *Secretary.*

July 1-3, 1914—Virginia State Dental Association, Old Point Comfort, Va.—C. B GIFFORD, *Corresponding Secretary.*

July 2-3, 1914—American Society of Orthodontists, Toronto, Canada.—WM. ERNEST WALKER, Maison Blanche, New Orleans, La., *Secretary.*

July 6, 1914—National Association of Dental Examiners, Rochester Hotel, Rochester, N. Y.—T. A. BROADBENT, 15 Washington Street, Chicago, Ill., *Secretary.*

July 6, 1914— Xi Psi Phi Fraternity, National Alumni Association, Rochester, N. Y.

July 7, 1914—South Dakota Board of Dental Examiners, Sioux Falls, So. Dak.—ARIS L. REVELL, *Secretary.*

July 7, 1914—Philippine Islands Board of Examiners, Manila.—A. P. PRESTON, 34 Escotta, Manila, *Secretary.*

July 7-10, 1914—National Dental Association, Rochester, N. Y.—HOMER C. BROWN, *President;* OTTO U. KING, Huntington, Ind., *Secretary.*

July 13-16, 1914—North Dakota Board of Dental Examiners, Fargo, North Dakota.—F. A. BRICKER, Fargo, *Secretary.*

July 13-17, 1914—Montana State Board of Dental Examiners.—G. A. CHEVIGNY, Butte, Mont., *Secretary.*

July 14, 1914—New Brunswick Dental Society, St. John, New Brunswick.

July 14-16, 1914—Wisconsin State Dental Society, Fond-du-Lac, Wis.—O. G. KRAUSE, Wells Building, Milwaukee, Wis., *Secretary.*

July 15-18, 1914—New Jersey State Dental Association, North End Hotel, Ocean Grove, N. J.—JOHN C. FORSYTH, Trenton, *Secretary.*

July 16, 1914—Nova Scotia Dental Society, Amherst, Nova Scotia.

July 23-25, 1914—Tri-State Dental Association, District of Columbia, Maryland and Virginia, Bay Shore Hotel, Buckroe Beach, Va.—J. W. G. RAMSEY, *Secretary.*

August 3-8, 1914—England—Sixth International Dental Congress, London.

August 6-8, 1914—Minnesota State Dental Association Meeting, Duluth.—BENJAMIN SANDY, Syndicate Building, Minneapolis, *Secretary.*

August 12-14, 1914—West Virginia State Dental Society Meeting, Huntington, W. Va.—A. C. PLANT, 802 Schmulbach Building, Wheeling, W. Va., *Secretary.*

August 28-29, 1914—Northern Indiana Dental Society, Culver, Indiana.—O. A. VAN KIRKE, Kendalville, *Secretary.*

September 24-28, 1914—International Oral and Dental Hygiene Congress, Lyons, France.—J. VICHOT, *Secretary.*

October 5, 1914—Arizona State Board of Dental Examiners, Phoenix, Ariz.—J. HARVEY BLAIN, *Secretary.*

December 1-3, 1914—Ohio State Dental Society, Columbus, Ohio.

January 28-30, 1915—American Institute Dental Teachers, Ann Arbor, Mich.—J. F. BIDDLE, Ann Arbor, Mich., *Secretary.*

August 30-Sept. 1-9, 1915—Panama-Pacific Dental Congress, San Francisco, Cal.